



73858



Class _____ *No.* _____

Presented by

The Editor.

VOL. I.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

The Los Angeles Journal of Eclectic
Medicine

AND

The California Medical Journal

(Published by the California Eclectic Medical College.)

1908

O. C. WELBOURN, A.M., M.D., Editor

Issued Monthly.
Price, \$1.00 per year.
Foreign, \$1.50.
Single Numbers, \$.15.

Editorial Office
818 Security Building
Cor. Fifth and Spring
Los Angeles, Cal.

The California Eclectic Medical Journal

Vol. I

APRIL, 1908

No. 1

Original Contributions

ANEMOPSIS CALIFORNICA.

O. S. LAWS, M.D.

Some years ago I wrote of this plant as *Plantago Aquatica*, as it grows in damp places, and in water. But since, I have learned that it is classified as *Anemopsis Californica*. It is also found in Arizona where my first samples came from. A friend of mine went to Arizona to try the climate for Asthma and Catarrh, that had annoyed him for years. Some months later he returned greatly improved in health, but he gave the chief credit for this improvement to "yerba buena" that he had learned to use from the natives in Arizona.

He brought a lot of the roots home with him and gave me some, and I soon identified it with the supposed water plant that I had seen in San Diego Co., and have since found here in the city of Los Angeles and other places. I have been using it freely for more than ten years and value it as one of my best remedies.

The Arizona people called it "Yerba Buena" (good herb) because it would cure all their ailments. They use it as a "tea," very strong, and in teacupful doses. I make a concentrated tincture of it in the usual manner and put one or two drams in 4 oz. of water, syrup or honey, and give from three to six doses per day, of one teaspoonful.

It is my chief remedy in all cases of catarrh. Where there are profuse secretions of mucus I give it in small doses. To four ounces of syrup or honey add one dram and give three or four doses a day. If urine is scant I also put from two to four drams of sweet spirits of Nitre into the vial before filling with syrup. Where mucous membranes are dry, with cough, and little or no expectoration, I use two to four drams in a 4 oz. mixture. It rapidly stimulates secretion to any desirable extent, then continue in smaller doses or lengthen the time between doses until health is restored.

It is valuable as a local spray for nose and throat or on a cotton swab. I use it about one part of the tincture to three of

MAY 10 1909

73858

water locally two or three times a day freely. As an Opsonin in tuberculosis I would rather depend on Anemopsis than any serum. I also often combine it with other drugs that are plainly indicated. Every doctor should use it.

CELL GENESES.

M. S. AISBITT, M.D., Los Angeles, Cal.

In presenting this brief paper on the above subject, I think the medical profession has largely ignored it, for what reason I am unable to say, for I think it is the base, upon which, Anatomy, Histology, Physiology, and Pathology stands.

Anatomy gives the construction of the cells, histology their composition, physiology their function and pathology their decomposition. Thus you will see it is a broad and profound problem, but by persistent study and research its profundity can be reached.

It is a problem for the biologist as well as for the physician, inasmuch as it deals with life. The principle of life is produced by the action of the elements that compose the cells. The Ovule and spermatic cells are designed by physiology to unite and form a chemical union in order to produce a new being, providing they are compatible with each other. The animal body is a cell-formed body and it is a chemico-physical body. Every part of the anatomical structure is built up by cell formation. If the ovule and spermatic cells are incompatible with each other there will be no union; hence they must have the elements that compose their bodies, duly proportioned, histologically speaking, before they can comply with physiological law, for physiology speaks emphatically along these lines.

The ovule and spermatic cells having united and formed the ovum, its first act is to engraft itself onto the uterine wall, to establish a free circulation between itself and its maternal parent, so that it can secrete material sufficient, to build and develop the fetus. The second act of the ovum is to envelope itself with a closed sack or membrane. This membrane is called blastodermatic.

The cavity formed by the membrane constitutes the laboratory of the ovum and it is in this chemical laboratory that the ovum secretes, formulates and computes every cell that enters into the formation of the animal body. The ovum having performed its physiological function in formulating and computing the different cells, enlarges its sphere of action and becomes the placenta, which requires a larger secretion from time to time as the fetus develops. After the ovum has assumed the placentaship,

it emerges and evolves the fetus from the blastodermatic cavity into the uterine cavity.

The fetus is developed entirely from blood it receives from its maternal parent. Hence it receives no free oxygen, therefore the blood does not go to the lungs to be re-oxygenated, consequently, there is no oxydation and no decomposition while the fetus is in embryo.

The laws of proliferation and metabolism are neutral at this stage of development and will remain so until the fetus is emerged into physical life and respiration is established.

A cell is divided into three parts; the first part is called a molecule, the second its nucleus, the third part its nucleolus. A cell is a chemical body and the different cells have their specific formula composed and computed in accordance with the law of histology. This law prescribes the elements that enter into each cell whether it is a nerve cell, a muscular cell, a bone cell, a gland cell or any other cell.

Previous to the fetus entering physical life these cells keep on developing and when they are fully matured the new being is ready to emerge into a higher stage of life. Nature responds to the call and brings forth its product into the physical world. At this stage of the new being's life, a radical change takes place; the blood goes to the lungs to be oxygenated, respiration commences, the tissues are oxydized. The laws of proliferation and metabolism are brought into action.

When respiration begins, and the tissues are oxydized, composition and decomposition in the cells takes place, the molecule begins to develop its nucleus and nucleolus. When the molecule has matured its nucleus and from the inner pressure of the same causes the molecular wall to be ruptured and the contents of the molecule is scattered into the intercellular tissue, the nucleus then becomes the molecule and the nucleolus becomes the nucleus.

The action of the elements composing and decomposing the cells creates the molecular force. This force is carried by the afferent nerves to the nerve center, there to be absorbed and stored up for future use. This molecular force is the physical force of the system. We can see how this force can be used up; for instance take an animal who has run a long distance. He will use up this force and will have to stop or he will become exhausted.

I have touched upon the anatomy, histology, physiology, and will now dwell at length upon the pathology of the cells, which is very important to the physician.

After the molecule has been displaced by its nucleus and its contents thrown into the intercellular tissue, the elements which

compose this effete matter have to be taken up by the sebaceous and lymphatic glands. The sebaceous glands secrete, compound and compute this matter that has to be eliminated from the system. If they (sebaceous glands) should formulate and compute this matter into abnormal constituents instead of normal ones there would in all probability be skin diseases, the varieties of which will depend on the computation of the sebaceous cells.

It is also true of the lymphatic glands.

The lymphatics carry their products into the veins to be eliminated from the blood through the kidneys.

Urea is not taken into the body from without. It is also true of Uric acid, picric acid, creatinine and some others. Hence they must be produced through the function of the glands. If a cell should fail to reproduce a normal cell, whether it is above or below the normal, there will be impairment of health. If the glands should cease to perform their functions or to put the elements into an abnormal state, then there will be constitutional disturbances and these abnormal conditions will produce symptoms in accordance with the temperament of the individual. If this effete matter should be retained in the system, it will irritate, inflame, suppurate or it may produce tumor or cancer. The same can take place on the exterior of the body.

If a person should receive an injury, that injury may only brush off a few epithelial cells, or it may produce an abscess, a tumor or a cancer. It may cause an inflammation of the periosteum and disease of the bone. All these diseases are caused by the cells being transformed from a normal to an abnormal chemical state.

Tumors and cancers and all other abnormal growths have their own chemical laws, and if a cell or cells be changed into a tumor or a cancer cell, that cell will secrete matter to build on itself and analogous to itself and its own organization. A cell will assume to perform a function according to its chemical composition. All cells are connected by motor nerves and the motor nerves are subservient to the sensory nerves and these sensory nerves center in the cerebrum, which, when in a normal state, preside over and guide the individual in his pursuits of life.

There is a controversy going on at the present time as to what life is and how it is produced. It is claimed by some that the male cell contains the principle of life and only requires the female cell to give it support; others claim that the female cell contains the true principle of life and only requires the male to bring it from the ovary that produces it. I think I can solve the point by saying, if the male cell contained the life principle then progeny would be all males, and on the other side, if the female cell contained the principle, their issue would be all females. We

have both male and female, so we have a right to conclude that the male and the female cells participate in the formation of the new being.

Still another class claims to have discovered a method of impregnating the female cell with a chemical solution. This I think a mistake. The male and the female must have been united previous to the egg being put into the solution. There is no other process by which reproduction can be produced then by the union of the two cells, for we have the proof that if the two cells are not chemically computed there will be no physiological action, consequently no new being. If the cells are only partly constructed in their chemical composition, there will be defects in the organism when it enters into physical life, either mentally or physically. It is the elements we have to study. Their action with each other in matters pertaining to cell life. Life is the phenomenon of cell action, and there is no process that can produce life outside of the elements in their actions, as this produces all forces in natural law.

We have ample proof that a cell must be histologically constructed to produce a physiological act. And when a cell is below or above what the law of physiology calls for, it will be in a pathological state and will produce a pathological force, therefore the ovule and spermatocytic cell must be compatible to produce a healthy child; if they are partly compatible there will be defects in offspring either physical or mental. If they are absolutely incompatible there will be no union. So we see the law of reproduction must be complied with in order to bring a healthy being into the world.

If a male and female have each a bilious temperament there will be no issue, if they have each a sanguine temperament the result will be the same. If one has a bilious and the other a sanguine temperament there will be no reproduction. The author of this paper speaks from experience along these lines. This problem is beautiful in the extreme and I will say with due respect to the scientist and physiologist that they must have a knowledge of cell function before they can speak authoritatively on the laws of physiology and pathology.

Much more could be said along those lines, but this will suffice for the present.

SYNERGISTIC DRUGS.

J. A. MUNK, M. D., Los Angeles, Cal.

Topeka, Kansas, February 10, 1908.

My Dear Doctor Munk:

Through your courtesy I have received an occasional number of The Los Angeles Journal of Eclectic Medicine.

Your article in the last number of the Journal on specific medication is in line with the best medical thought and practice, if you mean by specific medication mono-therapy. The old shotgun prescription should be relegated to the past—be a memory only. Simplicity is the mark of the successful, progressive practitioner of today.

There are few truly synergistic drugs definitely known. Two of the best known are atropine and morphine. The morphine-hyoscine-cactine-pellet needs further investigation. According to some good authorities cactine is only not a heart stimulant but is practically inert. What do you know of the action of cactine clinically and empirically? In fact is there any actual heart stimulant known to the profession? A so-called heart stimulant is given and the patient revives and the credit is given to the drug administered as a heart stimulant. The whip applied to the horse will often make him lift the load out of the mire. Is the whip a stimulant? Did it add to the horse's strength?

But my dear young doctor and friend, you see I have a chip on my shoulder and know that no one can knock it off more gracefully than you.

I expect to start for the City of Mexico on the 21st, and return by way of Los Angeles, when I hope to see you in person and have my questions answered *viva voce*, or in the Journal.

Thanking you for your uniform kindness to me I beg to remain,

Truly yours,

J. E. MINNEY.

The above letter from an old friend, dean of a medical college and member of the regular profession shows the kindly feeling that exists between members of the different schools of medicine. It also shows that the spirit of specific medication is abroad in the land and busy leavening the lump of medical dough.

Those of the old school who are not hopelessly therapeutic nihilists are falling into line with the single drug idea as taught for many years by Eclectics.

Drugs are not often combined for the purpose of getting a synergistic effect, but merely because it is convenient to administer several drugs at a single dose. To give drugs conjointly with a view of modifying their action may sometimes be advantageous but is usually safest and best to depend on the single remedy for results.

As the doctor says, the new combination of morphine, hyoscine and cactine is yet in its experimental stage and far from being an established remedy of proven worth. If cactine is the key to the combination—the ingredient that gives it synergistic value—the much lauded triple compound will prove a disappointment. The morphine and hyoscine had best be used with-

out the cactine. The effect will undoubtedly be the same either with or without it, as cactine is altogether too feeble and uncertain in its action, even if there is any effect at all, to noticeably influence its associates in the compound.

Of the individual constituents, morphine and hyoscyne, we know something both chemically and therapeutically as they are definite chemical compounds and possessed of undoubted narcotic properties. Of cactine we are not so certain. The separate cactine pill I have used but never got any effect from it that I could discover. The action of specific cactus, a tincture manufactured by the Lloyd Bros., is entirely different, as any one knows who has ever used it, and is a reliable heart remedy that has repeatedly proven its value.

A serious mistake, it seems to me, is made by pharmacists when they attempt to prepare all medicines dry, either in tablet, pill or powder. Agents that contain a crystalline substance like morphine, quinine or strychnine lend themselves readily enough to such treatment with good results, but when an agent whose curative properties depend on some intangible, volatile principle is thus treated the "spirit of the plant" is lost or destroyed in the process of transfer and its effect rendered nugatory. To get the characteristic effect of cactus it must be administered in the form of a tincture made from the green plant.

Cactus is more a regulator of functional action than a heart stimulant. But there are stimulants. At least that is the effect produced by certain agents called stimulants. It is not claimed that a stimulant adds anything of nutritive value or permanent strength to any part of the body, but it is of value when it excites to action a vital organ that, from any cause, is threatened with collapse. In this manner the crisis in a disease is sometimes safely passed that would otherwise end in death and the patient started, again, on the road to recovery.

THYROID EXTRACT.

JOHN ALBERT BURNETT, M.D., Auburn, Arkansas.

We get medicines from the animal, vegetable, and mineral kingdoms. They are all very important in practice. The old time physician considered the mineral the most important and then the botanic physicians come along and claimed the vegetable the most important and used them almost exclusively. The animal products have been used in a crude way more or less ever since anything has been used internally, and are no doubt our most important remedies.

Recently I heard a very prominent physician say that he used sodium glycocholate more often than any other remedy. It is one

of the active principles of ox-gall and no doubt one of our most important remedies in the prevention of gall stones and in some diseases of the liver. Ovarian extract has proved to be of much value in the treatment of diseases of women in the hands of many physicians. If ovarian extract is properly prepared I consider it a very important remedy and its uses should be better known and its therapeutic action investigated more thoroughly. Testicle extract would, in my opinion, prove to be one of the very best remedies in various conditions if it were prepared in the right way. There are but few glandular extracts that would have a wider range of action in both male and female than the testicle if its true value could be determined and a preparation properly prepared.

The great value of the suprarenal gland is now well known and is a very important remedy. The therapeutic value of the thyroid gland is becoming very well known and has gained a lasting place as a therapeutic agent. It is official in the U. S. P. Dr. Osbourne has the following to say in the Journal of the American Medical Association, Nov. 3rd, 1906: "The physiologic symptoms developed by feeding thyroid are well known, viz: Thyroid extract will increase the rapidity of the heart, increase perspiration, cause warming of the surface of the body; in other words increase the peripheral circulation, lower the blood pressure, stimulate mental activity even to sleeplessness, cause increased nitrogenous metabolism and if in considerable amount or given for a time, cause loss of weight."

Again Dr. Osbourne says, "The thyroid gland is easily excited temporarily to increased secretions by emotions, grief, sexual excitement and, for a more prolonged period, during menstruation and pregnancy. It is thus seen that the thyroid is a much more active and necessary gland in women than in men and in fact nearly three-fourths of all cases of disturbed thyroid secretion, either more or less than normal, occur in women. The nervous, excitable, irritable girl at puberty is so because this gland is in an unstable condition. It is often either over-doing or under-doing its normal functions. The profuse menstruation of young girls is largely due to excessive activity of this gland whereas under-activity of it gives amenorrhoea and often chlorosis, and many times chlorosis is as successfully treated with small doses of thyroid as with iron, and in amenorrhoea nothing in the whole pharmacopoeia is in my opinion at all comparable to the action of thyroid. On the other hand, in girls with profuse menstruation I have found mammary extract very efficient in combating the flow. Physiologically when the mammary gland is functionally active, menstruation is generally in abeyance."

The thyroid extract is generally admitted to be our best

remedy for cretinism and myxedema. Goiter, when largely of cystic degeneration, can be benefited by thyroid, but the ordinary forms of goiter are not benefited by it and may do harm. It should be given in small doses in goiter. It is thought that thyroid is beneficial to prevent eclampsia when given in small doses during pregnancy and in puerperal insanity and in insanity occurring at the menopause. It has been used in albuminuria, uremia, chronic nephritis, major epilepsy, petit mal, menstrual epilepsy and various other conditions.

It has been found that dogs, cats, goats, and hens are usually unable to procreate after thyroidectomy. Thyroid has been used for sterility and is no doubt the best remedy we have for this condition. It is thought that thyroid has some influence in producing or destroying the red blood corpuscles. In anemia it has increased the number of red blood corpuscles and in overweight, especially of women, it has reduced the weight.

Dr. Osbourn says: "In doubtful cases of nervous phenomena where the question is whether thyroid will help the case or make it worse, I believe the following symptoms are against the use of thyroid: Cerebral excitement, palpitation, progressive loss of weight, sweatings and flushings. If on the other hand, the patient is drowsy, apathetic, gaining weight and the pulse is rather slow, thyroid may be of benefit. If a case is doubtful, a few days of thyroid feeding may aggravate unpleasant symptoms so much as to contraindicate its future use."

Puny and undeveloped children who do not grow as they should can be benefited by thyroid. It is of especial value in cases of girl children when undeveloped, do not grow and have leucorrhoea or occasional vaginal discharge. In these conditions it can be used in connection with calcium phosphate.

Thyroid is one of the essential remedies in general practice and for those who make a specialty of chronic diseases and for the gynecologist as well as for the pediatricist.

ECLECTICISM WITH A CAPITAL "E."

DR. W. J. LAWRENCE, Los Angeles.

(Read before the Southern California Eclectic Medical Association.)

The beginnings of Reformed Medicine have been obscure, and in important respects, without a chronicler. During the colonial period in this country, the professions, except the clerical, were held in but moderate esteem. Much of the "medicine" was in the hands of sagacious women, and of men having a taste for the work. Here and there were men who enjoyed

a reputation for successful treatment of the sick; and such men as Sweet of Rhode Island, (who was famous as a bone setter), and Kittridge of New Hampshire, won distinction for dexterity in operative surgery.

Botanic medication was held in high esteem by the common people in the English colonies all through the 18th century. There were practitioners here and there, and the aboriginal inhabitants made known proceedings in use among them. Lobelia, the vapor bath, avena, unicorn, cohosh, valerian, mayflower, skull cap, and wintergreen were well known.

When Samuel Thomson first attempted to study medicine, Dr. Fuller, a botanic physician, was unwilling to receive him because of his defective schooling. He, however, undaunted by this refusal, proceeded to set up a practice of his own, in the year 1805, and continued it until his death, a period of about forty years; and he is reported to have died under his own treatment, thus proving himself a martyr to the cause. It is necessary only to mention here that his school, first known as the Thomsonian Botanic, presently departed from his requirements, and adopted many views to which he was opposed. Such, however, is the history of every enterprise. When a generation passes, those who succeed, go into new paths. It is true with every religious faith, every political party, every school of philosophy. The followers of Thomson have lost sight of him.

In the days of Thomson the armamentarium of a physician consisted principally of the lancet and a vial of calomel. It mattered little whether the patient was an anemic subject suffering from a severe menstrual headache, or a plethoric man with pneumonia, the treatment was the same; the doctor proceeded at once to call for a bowl to catch the life blood drawn from the patient, then a dose of blue mass, or some other form of mercury was administered.

When we look back from this 20th century of modern therapy, we are astonished at the records left us. Even Thomson, with his crude methods, was more kindly in his treatment than the system in vogue when he appeared upon the scene. But we are told that his treatment consisted in emesis and catharsis; having made his diagnosis and located the trouble above the diaphragm, he gave an emetic; if below the diaphragm, a cathartic; and when in doubt he gave both.

It is said of Thomson that he went about with a bag of herbs in one hand and a steaming tea kettle in the other, and thus he was always prepared to manufacture his decoctions and infusions and administer them on the spot, in doses ranging from one pint to several gallons, according to the capacity of the patient and the gravity of the case.

But it remained for men like John King, and others, notably Prof. John M. Scudder, to formulate and present to the world a system of medicine paying some attention and having some regard for the comfort and life of the patient. So it remained I say for Professor Scudder to give to the world Specific Diagnosis and Specific Medication, the foundation stones upon which our most excellent practice of today is based. He taught us first to "sustain the vital forces, assist nature and she will be your friend." Our "old school" friends smile when we mention specific medication—but they do not laugh at the results obtained by our practitioners; they tell us there are no specifics for diseases; and we do not claim such, (according to our present nosology); still they insist that antitoxin is specific for diphtheria, that anti-streptococcus serum is specific for certain conditions; and these claims are well maintained by experience. But we do know that certain specific remedies produce certain definite results in certain specific conditions regardless of the name of the disease. And we have today some 10,000 practitioners of the Eclectic school of Medicine in these U. S. and many of them are occupying large places in the communities in which they live. Our colleges compare favorably, indeed are not surpassed by any "old school"; and our own California Medical College has, among its alumni, men and women who will do credit to any school. We may not have an endowment equal to John Hopkins, our laboratory equipment may not compare with Rush, but at the bedside and in practice our people are hard to beat.

Bibliography—Wilder's History of Medicine; Eclectic Medical Journal; Eclectic Medical Gleaner.

A post operative distention that is not relieved by a high enema can often be reduced by washing out the stomach.—*American Journal of Surgery*.

A rise of temperature after curettage may be due to the thoughtlessness of the attending physician, the cause being a piece of foul-smelling gauze which has been left in the uterus too long.—*American Journal of Surgery*.

Previous syphilitic infection may be the cause of a small tumor situated in the masseter muscle. A course of mixed treatment should always be resorted to before operation is decided upon.—*American Journal of Surgery*.

An abscess of the right ovary may give the same signs and symptoms as acute fulminating appendicitis. If an incision for appendicectomy is made, it should be of sufficient length and low enough down to allow of careful examination of the right adnexa.—*American Journal of Surgery*.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.

Associate Editor

P. M. WELBOURN, A.B., M.D.

Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

S. F. MARCH, M. D., Kansas City, Mo.

J. B. MITCHELL, M. D., San Francisco

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

FOREWORD.

We have the pleasure of making our debut in this the first issue of the *California Eclectic Medical Journal*. It is not our intention to do anything startling, neither do we expect to accomplish many great things. This Journal appears as the natural result of the evolution of the Eclectic School of Medicine on the Pacific coast, and is the legitimate offspring of two quite respectable progenitors. We hope to promote the welfare of the cause, in a spirit of tolerance and fairness to all, and we trust that whoever reads this Journal will so construe whatever may be found therein. We neither expect to please all of our readers at one time nor do we expect to please one of our readers all of the time. We have no strength to waste in trying to accomplish this impossibility. Yet withal, we hope to promote harmony, rather than discord, and to be of some benefit to humanity and the Eclectic School of Medicine.

SYSTEMATIC ENDEAVOR.

We make no claim to originality when we assert that the success of an enterprise depends in a large measure on the systematic endeavor put into it. For example it is said that a good advertiser can sell any kind of a patent medicine no matter how worthless it may be. Our friends of the Allopathic persuasion evidently believe in this theory for they have men out systematically scouring the country for students for their colleges. And they are doing this notwithstanding the clamor which goes up from their ranks, periodically, to the effect that there are already too many men in the medical profession. Clearly the overcrowded theory is for the consumption of the credulous. As a matter of fact every trade or profession is overcrowded. If you don't believe it, ask your butcher, your baker and your candlestick maker. You might also ask your lawyer, your dentist and your minister. Each and all will assert positively that his particular line of work is overcrowded. As a matter of fact, there is plenty of room for more medical men, particularly those of the Eclectic faith. Furthermore, there are plenty of young men and women ready to prepare themselves for this work, but it is necessary that it should be properly presented to them. To accomplish this our National Committee on organization and Legislation has decided, "that a general appeal be made to our men to insert the following notice in their local weekly papers": "*Those Interested in the Study of Medicine*; I wish to communicate, personally or by letter, with any young man or woman of high-school qualifications, who contemplates the study of medicine. I have something to say which I believe will be to the advantage of any such person." Such a notice will bring in a great number of applicants, the majority of whom will prove unfit; but there will be a remainder with all of the prescribed qualifications who can be referred to one of our Colleges. We commend this plan, give it a trial.

MATERIA MEDICA.

As stated in an article published in this Journal last month it is desired to obtain a specimen of every known plant of the Pacific Coast for the California Eclectic Medical College Herbarium. Also native live plants and seeds are desired from all parts of the country. I have mounted, dried specimens as well as seeds representative of the country. I have mounted, dried specimens as well as seeds representative of the flora of Southern California, which I wish to exchange for similar specimens from any other section. Address—

G. W. FINCH, M.D.
600 Wall St., Los Angeles, Cal.

CIVIL SERVICE FOR MEDICAL EXAMINERS.

The law, as it now stands, is based upon the theory that any practitioner of medicine who may receive the appointment at the hands of a governor or other appointing power is competent. Any man reaching the age of twenty-one years who has been born in this country may vote. Ability to read, write, understand or reason, does not enter into the qualification of a voter. Neither is there an education qualification for medical examiners. A man who never learned a Latin declension, an algebraic theorem, geometrical proposition, a principle of physics or a chemical formula, who can neither write a letter clearly nor punctuate and capitalize it may and, to everybody's knowledge, often does pass upon the proficiency of students in these various preliminary subjects. Men without broad or liberal culture, the sympathetic sense or an inkling of pedagogical science examine literary and scientific graduates without hesitation or misgivings.

According to the lofty scheme unfolded by a member, a vice-president, we believe, of the New York board, we are to have "U. S. Physicians and Surgeons" (see *Hahnemannian Monthly* for December), there is to be "An Aristocracy of Medicine." By an elaborate series of examinations, clinical tests, instrumental demonstrations, morgue operations, etc., he will have students admitted to this hierarchy. Very well. We have this to say before that time comes, a Civil Service restriction will be placed so that the large mass of unfit be made ineligible as examiners. If the students from universities and colleges are to be put through the several degrees of initiation and advancement suggested, a similar, but much more severe, test must be applied to the examiners to determine their fitness.

We are in favor of an advanced curriculum and thorough examinations, but stand for a profession of examiners that has passed a proportionately more severe test at the hands of a competent and sufficient Civil Service board, or similar tribunal than is exacted of candidates for license. The first State that takes this step will be the first to become consistent.

Every State having a university should establish a school for prospective medical examiners and raise that service to the rank of a profession. There are schools to prepare men for the consular and diplomatic service, to work under the national forestry commission, to enter the corps of military and marine engineers.

Before the A. B. degree is made compulsory for prospective medical students, at least, the A. M. should be compulsory for members of examining boards.—*University Homoeopathic Observer*.

HOW TO COMPLY WITH THE MEDICAL LAW OF TEXAS.

By MARQUIS E. DANIEL, M.D., Honey Grove, Texas, President
State Board of Medical Examiners.

There being many physicians residing in various portions of the United States, legalized to practice medicine in Texas, under former laws, which entitle them to verification under the New Medical Law, and in answer to many inquiries coming from without as well as from within the State, is my apology for giving publicity to this notice.

The information to follow is based strictly upon the latest rulings of the Atty. General of Texas.

Physicians who, at any time, qualified to practice medicine in Texas, regardless of present residence, are entitled to verify under the present law, unless barred by evidence that fraud was practiced in securing their legalization and the further evidence of "conviction of a crime or the grade of felony or one which involves moral turpitude or procuring or aiding or abetting the procuring of a criminal abortion or grossly unprofessional or dishonorable conduct of a character likely to deceive or defraud the public, or for habits of intemperance or drug addiction calculated to endanger the lives of patients."

One year is allowed in which to comply with the law and the time limit is *July 12th, 1908, after which date all rights to practice will cease and can only be re-secured by examination before the new Board.* There are five classes entitled to verification designated as per methods of legalization under previous laws.

CLASS I.—*Those legalized by years of practice, who were practicing medicine in Texas prior to January 1st, 1885, should send to the secretary affidavits of citizens sufficient to establish that fact, and will then receive Verification Licenses.*

CLASS II.—*Those legalized by District Board Certificates between January 1st, 1885, and July 9th, 1901, should send the original certificates or certified copy of same, together with evidence of their registration in some District Clerk's office, to the secretary, and will then receive Verification Licenses, provided said medical certificates were recorded prior to July 9th, 1907; and provided further that in the event the owners of said certificates changed their location after date last mentioned, they must show evidence of registration in county of last residence and a District Clerk's certificate of registration must be furnished, proving registration both before and after July 9th, 1901, as under said law, to have been legally registered at all*

times, registration was required in each county to which licentiates might have moved.

CLASS III.—*Those legalized by Registration of Diploma between January 1st, 1885, and July 9th, 1901, should send the exactly as in Class II; the same rule applies to both throughout, except that it is not necessary to send diploma for inspection, but an affidavit from the dean of the college of graduation testifying to the issuance of the diploma. This secures the Board against bogus diplomas.*

In some instances certified copies of diplomas are sent, which is not objectionable, but the dean's affidavit is sufficient.

CLASS IV.—*Those legalized by registered certificates issued on reciprocity under the Act of 1901 (the three board law) between July 9th, 1901 and July 13th, 1907, should send medical certificate or a certified copy of same to the secretary, together with District Clerk's certificate of registration, and Verification Licenses will be issued, provided said certificates were recorded prior to July 13th, 1907.*

CLASS V.—*Those legalized by Registered Certificates issued on examination, under the Act of 1901 (the three board law) should proceed exactly as in Class IV, and Verification Licenses will be issued, provided medical certificates were recorded prior to July 13th, 1907.*

Under the Act of 1901 all physicians who had registered upon diplomas from January 1st, 1891, to July 9th, 1901, were required to verify before one of the three State Examining Boards created by said Act, but inasmuch as the Atty. General has ruled that every physician, regardless of how or when legalized, must verify under the present law, I have included this class with Class III; however, State Certificates thus secured are accepted for verification, *provided they were recorded prior to July 13th, 1907.* From this explanation physicians can easily determine their status under the new law.

Legalization on one basis is all that is necessary even though a given individual may possess the necessary credentials to qualify under any one or all the classes mentioned—only one legal credential is necessary.

The verification fee is fifty cents and must accompany the application. Send all applications, credentials and fees to the Secretary of the Board. Dr. G. B. Foscoe, Waco, Texas.

After receiving Verification License, it must be recorded by or before July 12th, 1908, to be valid. To have same recorded proceed as follows: Take license to District Clerk in person, who will record same in the Medical Register on a page devoted to you, and take your oath as to your name, age, post-office address, place of birth and school of practice. But if it

is impossible or impracticable to do this in person, then it will be necessary for you to go before a notary public or some one authorized to administer oaths (non-residents would be better to go before a clerk of a court of record) and make out an affidavit something like the following:

State of.....

..... County,

This day personally appeared before me the undersigned authority Dr., who being duly sworn by me, deposes and says that he is the owner of the accompanying Medical Certificate, issued by the State Board of Medical Examiners of Texas, dated....., numbered....., and that his age is..... years; post-office address....., place of birth....., school of practice.....

Send this affidavit with license, together with the recording fee of one dollar to District Clerk of county of residence, or if a non-resident, to any District Clerk, and it will be recorded same as if presented in person.

Inasmuch as it is not, as yet, known to but few of the District Clerks, it may save time to call said clerk's attention to the ruling of the Atty. General, under dates of Dec. 20th, 1907, and January 6th, 1908, which authorizes said record to be made when medical certificates are accompanied with the foregoing affidavit.

This same method of registration holds good in recording certificates issued under the present law upon examination and reciprocity. Licenses issued under the present law must be re-registered on every change of residence to a new district or county.

By way of general information will state that only such applicants are admitted to the regular examination of the Board as are graduates of four-year colleges, said colleges being in good standing in the *National College Organization of the School to which it belongs*, and the fee of fifteen dollars.

Texas reciprocates only upon the basis of actual written examination; that is, Texas recognizes only such certificates from the states with whom she reciprocates as were secured upon written examination, and the fee is twenty dollars.

The present board is being maligned for not verifying such certificates as are barred on account of not having been recorded within the limits mentioned.

The Board can exercise no choice in the matter—is merely the instrument through which the law may be complied with—but would be pleased to see a test case go through the courts which would forever settle the matter and make its work less burdensome.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Kansas City, Mo., June 17, 18, 19, 20, 1908. L. A. Perce, M.D., Long Beach, Cal., President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May 19, 20, 21, 1908. F. J. Peterson, M.D., Lompoc, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1908. J. P. Dougall, M.D., Douglas Bldg., Los Angeles, President; H. Ford Scudder, M.D., Long Beach, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. M. Blanche Bolton, San Pedro, Cal., President; Dr. P. M. Welbourn, 818 Security Bldg., Los Angeles, Secretary.

THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held at the office of Dr. Bolton, San Pedro, at 8 p. m. March 3rd, 1908.

Under the heading of new business the names of Dr. H. V. Brown and Dr. J. C. Dickinson were proposed for active membership in this society, and were duly elected.

Owing to the absence of the essayist appointed for the evening, the time was devoted to clinical reports. Many good ideas were brought forth in the discussions which followed.

Dr. O. C. Welbourn was appointed to read the paper, and Dr. L. A. Perce will give the clinical report at the next meeting, which will be held on April 7th, 1908, at 8 p. m., at the offices of Drs. Welbourn, Security Building, Los Angeles.

Following adjournment the members enjoyed a delightful luncheon with their hostess.

DR. P. M. WELBOURN, Secy.

DR. M. BLANCHE BOLTON, Pres.

LETTER FROM THE PRESIDENT.

March 14th, 1908.

The several sections for the Session of the National Eclectic Medical Association in Kansas City have been completed, and officered, each officer has been notified and has accepted, as far as completed; there are still a few to assign and will be selected as soon as possible.

I have so far selected those who will do good work and

who have replied to my request, regardless of location, previous service or condition. One thing I wish to call your attention to is this, should you miss the name of those in your own particular part of the Medical Vineyard, from the Section heads, please bear in mind, that while many are called, few accept. Much time and work has been spent in giving to all sections proper representation, but a large number of them written to requesting them to accept—the office of either chairman or secretary, of various sections, have either declined, or failed to reply, consequently I was forced by circumstances to somewhat bunch some of this work. I have no favorites to serve, and no enemies to punish, but desire to do the best I can at this distance in filling up our lines.

I desire all to help and hope we may determine the issue in such a vigorous manner that we will have a rousing meeting.

Fraternally yours,

L. A. PERCE.

NATIONAL ASSOCIATION BULLETIN FOR APRIL.

Encouraging reports coming to hand from some of the section officers and the committees appointed by the Kansas City Eclectics insure the success of our coming meeting, in so far as it is possible for success to come from their efforts alone. It is now a good time to realize that your committees and officers, alone, can not make a successful meeting, and that each individual Eclectic owes it to himself, the cause, and to all concerned to be present.

The next meeting should be the best in attendance in the history of our organization, because matters of vital importance will be up for consideration, and for this one reason the meeting will be the most important in our history.

Never in the seventy-five years of Eclecticism has the need of our system of practice been so accentuated, nor has the necessity for organized effort to meet the demands for more eclectic practitioners been so great. Never has the executive committee had to assume so much work, nor has there ever before been so much undertaken and accomplished in the interest of liberal medicine.

This is true of our cause and likewise true of the cause from the Homeopathic and Physio-Medical standpoint. The American Institute of Homeopathy meets at Kansas City, and through the president, R. S. Copeland, M.D., Ann Arbor, Mich., has invited Dr. Perce to attend their meeting and address the members thereof on the subject of closer affiliation with them, in so far as our mutual interests are concerned.

We are pleased to say, parenthetically, that this is in keep-

ing with the policy outlined last year, and the place of meeting was selected with this in view, and the Councils of Education have worked jointly and harmoniously for the common good.

It is now only a short time until the meeting and the officers and committees have much to accomplish before all is in readiness, and we have every reason to believe that our men will loyally support us with good attendance and active co-operation.

New and stronger state societies, new and stronger colleges, better and stronger organization, renewed interest and loyalty can not but produce good results and the National Association should be the general index of such.

A full list of the section officers was promised for this bulletin, but on account of unavoidable delay it will appear in the May bulletin.

Very fraternally,

WM. P. BEST.

RAILROAD RATES TO THE NATIONAL.

We were unable to obtain special reduced rates to our meeting at Kansas City on account of the 2 cent law in various states. The 2 cent per mile, however is the same rate as we have here-to-fore obtained, and we will not be bothered with certificates. The law now, in many states, requires the payment of 2 cents per mile each way, while before we paid 3 cents one way and 1 cent returning.

Dr. Scudder informs me that parties of ten from his district can obtain a reduction of about 10 per cent. on their fares. We cannot obtain such concession from St. Louis, but you might from your district. Dr. Scudder says "the single fare from Cincinnati is \$13.50, Columbus \$15.50, Pittsburg \$19.50 and Wheeling \$18.00. We can get a reduction of \$1.00 each if we can get ten or more going through or from Cincinnati, and this will be my plan." Write him and prepare to go in a body as this will be the more enjoyable. Perhaps Dr. Howes of Boston can make similar arrangements. I haven't had time to obtain a reply from him since knowing of this.

H. H. HELBING, *Cor. Sec'y.*

To the members of the State Society:—

The time for our next annual convention is drawing near; I cannot too strongly impress upon you the importance of closer affiliations in the ranks of Eclecticism. Now, as never before, it is important that Eclectics organize to the best advantage for the furtherance of our interests and the betterment of our cause.

Important measures are to be considered at the coming meeting, with reference to organization and legislation.

I trust you will be able to make it convenient to attend. Your presence is essential to the welfare of the Society and your own best interests.

I append a list of the section officers, and I shall be pleased to have you communicate with the secretary stating which department you will contribute a paper to.

Yours fraternally,

By order of the President.

J. PARK DOUGALL, M.D., *Sec.*

F. J. PETERSON, M.D.

Practice of Medicine.—Dr. Wm. C. Bailey, President; Dr. J. B. Mitchell, Secretary.

Materia Medica & Therapeutics.—Dr. James Beard, President; Dr. Wm. P. Byron, Secretary.

Surgery.—Dr. G. G. Gere, President; Dr. B. Roswell Hubbard, Secretary.

Obstetrics.—Dr. L. A. Perce, President; Dr. H. Scott Turner, Secretary.

Gynaecology.—Dr. Ira A. Wheeler, President; Dr. O. C. Welbourn, Secretary.

Eye, Ear, Nose and Throat.—Dr. M. B. Ketchum, President; Dr. H. W. Hunsaker, Secretary.

Electro Therapeutics.—Dr. A. J. Atkins, President; Dr. C. Z. Ellis, Secretary.

Pathology, Bacteriology and Serumtherapy.—Dr. Chas. Clark, President; Dr. I. Dee Harris, Secretary.

NEWS ITEMS.

The next meeting of the State Board of Medical Examiners will be held in San Francisco beginning April 7th.

Dr. J. E. Minney of Topeka, Kansas, called on friends in the city recently. The doctor was on his way to the City of Mexico.

Dr. Geo. G. Gere of San Francisco has moved his offices to the Pacific Building, Fourth and Market streets, rooms 524-525. His residence is 1762 Waller street.

Dr. Kelleghan, formerly of Santa Barbara, but now of New York, was in the city recently and called upon many of his old acquaintances. He represents the American Apothecaries Co.

The New York Skin and Cancer Hospital, Second Avenue., cor. 19th St., announces a course of lectures to be given by specialists on the skin and on cancer, during the spring months.

With the April issue the *Electro-Therapeutist*, edited and published by Homer C. Bennett, M.D., Lima, Ohio, will be combined with "Albright's Office Practitioner," of Philadelphia. Dr. Bennett will have charge of the department of Electrotherapeutics in the new combination.

The *Archives of Diagnosis*, a new journal edited by Heinrich Stern, N. Y., and devoted to the study and the progress of Diagnosis and Prognosis, has come to our exchange table. It will be issued quarterly and be unique in the fact that it carries no advertisements. We bespeak for the journal bright prospects.

We have received the report of the Seton Hospital, Cincinnati, for seven years ending Dec. 31st, 1907. Seton Hospital is owned by the Sisters of Charity and the Medical Staff consists of members of the faculty of the Eclectic Medical Institute. The present site has been occupied since June, 1907, and contains sixty beds.

There was a fair attendance at the March meeting of the county society which was held in San Pedro. It is to be hoped that the members will take an interest in these monthly meetings and endeavor to be present. Many ideas of practical importance are always brought forward in the discussions.

BOOK REVIEWS.

THE DUALITY OF MAN, by C. G. SAVAGE, M.D., Nashville, Tenn., reprinted from *The Journal of the American Medical Association*, June 15, 1907; Vol. XIVIII, pp. 1995-1999. Published by The American Medical Association, Chicago.

This is the chairman's address in the section on Ophthalmology at the Fifty-Eighth Annual Session of the American Medical Association, Atlantic City, N. J., June, 1907. This paper is just as interesting as the title would lead one to believe.

DR. DOWNS' HOME PRACTICE, by L. S. DOWNS, M.D., Galveston, Texas, member of the National Eclectic Medical Society, Secretary of the Texas State Eclectic Medical Association, ex-Secretary of the State Medical Examining Board of Eclectic Physicians and Surgeons. 80 pp.; published by Hunter and Finch, Galveston, Texas.

This little volume has recently been received and is a credit to its author. Few practitioners recognize the fact that often the laity are woefully ignorant of the simplest laws of health and disease.

The laity and the profession as well, will find in this small volume many ideas set forth in a clear, forcible manner.

Although the remedies indicated in each disease are given,

we do not think that the author intends to convey the impression that he believes in the patient doing his own prescribing.

TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION for the year ending June, 1907, including the Proceedings of the Thirty-seventh Annual Meeting, held at Los Angeles, Cal., June 18, 19, 20, 21, 1907. Edited by William P. Best, M.D., Indianapolis.

Dr. Best deserves a special vote of thanks from the National Association for the manner in which he has compiled the annual volume of the Society.

The volume contains all the addresses, essays, papers, and reports presented before the Association, and before the several sections in their sittings. An excellent likeness of E. H. Stevenson, M.D., the president for the year 1906-1907 forms the frontispiece.

It is the custom to send a copy of the Transactions to each member of the National Association who is in good standing.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN, by HARRY STURGEON CROSSEN, M.D., Clinical Professor of Gynecology, Washington University; Gynecologist to Washington University Hospital and chief of the Gynecological clinic; Associate Gynecologist, St. Louis Mullanphy Hospital; Consulting Gynecologist to Bethesda Hospital, St. Louis City Hospital and St. Louis Female Hospital, etc., etc.; with seven hundred illustrations, 800 pp.; published by C. V. Mosby Medical Book and Pub. Co., St. Louis, 1907.

This work is devoted exclusively to Diagnosis and Treatment of Diseases of Women. The reader is wearied by no long descriptions of the technique of major operations, the kind of operations in which by far the majority of practitioners have comparatively little interest, but on the other hand, the space is devoted to differential diagnosis of the various conditions requiring operative treatment, the kind of operation called for by the particular set of symptoms, what the operation is intended to accomplish, the preparation of the patient for operation, and the after-care necessary to complete the restoration to health.

The author has a clear, forcible, convincing manner of writing, which permits of no extra words, and yet is easily understood. To aid in a clearer understanding and comprehension of the text, the author has brought to his aid an admirable collection of illustrations. These illustrations have been chosen from the whole field of gynecological literature and are excellent and cover a wide range. To those taken from other works have been added more than two hundred original drawings and photographs.

To the profession we unhesitatingly recommend this work

as a most valuable help and a splendid addition to any doctor's library. We bespeak for its author an enthusiastic reception.

Annual Report of the Surgeon-General of the Public Health and Marine-Hospital Service of the United States of the fiscal year, 1907; Washington Government Printing Office, 1908.

In this little volume is incorporated full reports of scientific research and sanitation, medical inspection of immigrants, foreign, insular and domestic quarantine, marine hospitals and relief, as well as financial reports and the personnel of all persons connected with this department of the government.

SUGGESTIVE THERAPEUTICS. Applied Hypnotism, Psychic Science. By Henry S. Munro, M.D. Americus Georgia. Published by C. V. Moshy Medical Book Co., St. Louis. Price \$2.50.

The aim of the Author is to emphasize the value of suggestive therapeutics in a field of work that comes within the domain of the general practitioner. It is intended to instil into the mass of the profession the basic principles of physiological psychology.

BROMIDE INSURANCE.

Among the Chemists who have testified to the purity of the salts entering the composition of Peacock's Bromides particularly as to its extraordinary freedom from chlorides and the absence of other usual impurities, are names of such eminent men as Edward H. Keiser, Ph. D., Professor of Chemistry, Washington University; H. Helbing, F. C. S., and F. W. Passmore, Ph. D., of London, England; Charles E. Caspari, Ph. D., Professor Chemistry St. Louis College of Pharmacy; and Edward Gude-man, Ph. D., Chicago, Ill.

Thus when a physician prescribes Peacock's Bromides he has the benefit of Bromide Insurance, as the preparation can be depended on to give the best possible results obtainable from bromides.

Peacock's Bromides is a mixture of bromides of Potassium, Sodium, Ammonium, Calcium and Lithium, 15 grains combined in each fluid drachm and equivalent in dosage to 15 grains of potassium bromide.

PHYSICIAN'S ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

The California Eclectic Medical Journal

Vol. I

MAY, 1908

No. 2

Original Contributions

DIETETICS.

Q. A. R. HOLTON, M. D.

Read before the Southern California Eclectic Medical Society.

If we could eliminate from the category of diseases all those that have their origin in an improper or excessive dietary we would free the human family from a large per cent of its ailments. From the time when the ignorant nurse thrusts a sugar "tit" into the mouth of the helpless babe until the scientific doctor pours into the nauseated stomach of the old and feeble some predigested food we are the victims of ignorant cooks and nurses, mercenary grocers, and humbugging manufacturers.

The quality and quantity of food cuts a very big figure in our sickness and unhappiness as well as in our health and happiness. About all the happiness some people get out of their food is while it is passing down their throats, and this brief pleasure seems to be one of the prime objects of life. There is nothing wrong about having a relish for food; indeed it is probably necessary to the proper digestion of the same, but unfortunately most people want to eat as long as it tastes good, or as long as their stomachs will stretch and make room for it. We all know what the consequences are—fermentation in the stomach or bowels or both, vomiting, spitting up food, alternating constipation and diarrhea, biliousness, piles, ptomaines, appendicitis, head-ache, wakefulness, nervousness, sour temper, fault-finding, pessimism, family quarrels, craving for stimulants, drunkenness, divorce, suicide and murder.

If the patient is a rancher he beats his horses and kicks his cows; if a merchant he takes it out on his clerks; if a teacher the pupils suffer; if a lawyer he gets fined for contempt of court; if a laborer he goes on a strike and smashes things; if a preacher he feels called to hold his congregation over the brink of the bottomless pit in a most threatening manner; if a doctor he takes the scalpel he carries in his mouth and rips up his rival's reputation.

Well what can we do with these morbid people? Give them medicine and let them go on in their folly? That is what most of them want us to do, and that is what they are willing to pay for. Give them good advice, deliver them a lecture on diet and the laws of digestion? Yes tell them the best and only way to get well; but don't expect them to follow your advice more than a week, or until they get to feeling a little better or until some kind neighbor advises them to go to Dr. ——— or take somebody's patent pills.

Can these morbid digestive organs be cured by dietetics? Well they cannot be cured any other way. And they can be cured that way if no organic changes have taken place. Medicine will relieve and help start them on the road to recovery, but unless the diet and the habits can be controlled there is no cure possible. Of all classes these need a properly conducted sanatorium most. Can we write out a dietary for them? We cannot any more than we can write a prescription for any class of diseases. Here, in my opinion, the law of Specifics needs to be applied as well as in the administration of remedies. I believe the time will come when disease will be treated by specific food as well as specific medicines. Foods will be selected for their curative as well as their nutritive effects, and to be able to read the indications for a curative food will be as great an accomplishment as to be skillful in selecting the indicated remedy; but so far as I know but little has been discovered along this line. We know that certain fruits are laxative, such as apples, prunes, peaches, most kinds of berries, and some kinds of vegetables. Onions and lettuce are well known soothers of the nerves and through this channel relieve constipation caused by nervous tension. They are also useful in skin diseases having their origin in the nervous system. Cabbage and turnips are also useful in skin diseases of cachectic subjects. Buttermilk is a well known food remedy, it is specific in certain icteric cases dependent on catarrhal obstruction of the bile duct. One of the worst cases of this kind ever under my care took no other food and very little medicine for two weeks, after which she made a rapid recovery. The stomach would tolerate no other food but the butter-milk which was relished and always agreed.

Early in my practice I had a middle aged man critically sick with bilious colitis. He craved butter milk but I was afraid and refused to allow it. During three days when I was unable to visit him, an older physician attended him and when I returned to my case I found him almost well. He had been allowed to drink freely of buttermilk and it certainly did him more good than the medicine he took.

In the absence of any other guide as to diet I have found the patient's appetite or rather his craving for a certain food my best indication. A critical case of acute Nephritis craved fresh fermenting apple cider and no other food or drink was tolerated, so the cider was obtained and given freely, immediate improvement and rapid recovery was the result. It has been my habit to ask patients who were not making satisfactory progress if they craved any special food or drink and if they did I gave it to them, and I have never seen any bad results, almost always improvement. In typhoid fever I have followed this course always, however, reducing the food to liquid or pulp to avoid mechanical irritation of the bowels, but in a large percentage of cases no special desire pointing to a certain food is present and then we must be guided by our knowledge of the effects of certain foods on the various organs and tissues of the body, and this opens up a large field, which as I said, has not been extensively worked. A meat diet tends to produce coarse, heavy features and is a common cause of ptomaines, appendicitis, gout, and rheumatic affections, headaches, neuralgias and skin diseases. Cereals and fruit diet in a general way tend to a healthier alimentary tract with less engorgement of the portal circulation.

Cancer is more prevalent among the meat eating nations, England and the United States heading the list. Leprosy prevails most among people who live largely on fish. The tallest, largest boned people in the United States are found in the lime stone regions of Kentucky and West Virginia. The smallest boned people, along the sand stone regions of the Atlantic coast. The sandy soft-water flats of the South Atlantic States have produced among the poor, ill-fed classes the "clay eaters"—slender, sallow, anemic people living largely on corn bread and yams. their food and their drink deficient in lime, phosphorus, and iron; and their clay eating habit is a craving by the system for these elements which they find in very limited quantities in the clay. Find them a more varied diet, rich in the necessary elements, and let them drink water containing the proper amount of mineral substances and their appetite for clay will vanish.

Much of the ill effects of a meat diet is caused not by meat *per se* but as a result of the slaughter of unhealthy animals, or the development of ptomaines and impurities in the processes of canning, curing, preserving and serving. How any one can eat the meat products sent out by the great meat packing houses after the exposures of the last few years is amazing and yet we find people still buying and consuming them. No animal food is at its best unless consumed soon after it is killed; the processes that lead up to the decomposition set in immediately after

life leaves the body. The same principle holds, perhaps, in a less degree in the vegetable kingdom; no vegetable or fruit is so pure and perfect as when fresh. The processes of degeneration set in immediately and progress continually and antiseptics and cold storage only partially hold them in check. The frequent occurrence of ptomain poisoning in those using canned and cold storage meats is proof of this assertion. Does your patient need meat juice? Let him suck it from a broiled piece of recently killed animal or fowl. Feed the commercial bouillon to the dog and shoot the dog if he develops hydrophobia. If the infant must be fed on cow's or goat's milk, it is best warm from the animal. Every hour after it is drawn from the animal adds to the danger from the process of degeneration from within and from absorption of poisons from without.

As for the predigested foods so skillfully and adroitly advertised, the manufacturers should at least inform us who digested them, before expecting us to recommend them to our patients. Moses was a practical dietetist, who commanded his people to fast often, thus giving a chance for nature to clean up the engorged digestive organs. The liver is the septic tank of the human body, the kidneys the sewer system and the colon the garbage barrel. When the septic tank is crowded beyond its capacity by constant stuffing, the poisons which it fails to neutralize slop over into the blood current and we have colds, neuralgias, rheumatism, headaches, and so on "*ad infinitum*." The sewer system in its efforts to relieve the blood of the poisons thus dumped into it becomes engorged and inflamed and we have renal and cystic diseases. When these conditions obtain, a more or less protracted fast gives more perfect relief than medicine.

Moses also enacted a pure food law, prohibiting his people from eating the flesh from any animal which had died. They might sell it to the stranger however. Wouldn't such a law rejoice the heart of the modern packing house magnate? But Moses' object was to build up a people into a strong, healthy, vigorous nation and let the stranger take care of himself, and he succeeded beyond any other leader, ancient or modern. A careful study of the hygienic and food laws of the Jews will well repay the student.

BURNS.

DR. HANNAH SCOTT-TURNER, Pomona, Cal.

Burns are the commonest every day accident that mankind suffers from, and the ones treated least in accordance with the now universally taught and accepted surgical principles.

Burns are not confined to any one race, class, sex or age. None are exempt.

The millionaire, skimming across the continent in his own special palace on wheels—the poor hobo, stealing a ride on the trucks bearing this same palace, are equally liable to the attack.

Very recently the sad, startling exemplification of the suddenness, the severity, the fatality of burns, was forced upon us in the catastrophe which overtook the train of Shriners at Honda. None were more full of life, love, happiness and hope than they; the jolliest of the jolly, flying along as if on the wings of the breeze. No thought of danger. An instant more, a jar, a shock, escaping steam, burning oil in contact with tender quivering, sensitive human flesh, and these common injuries, the subject of this paper, in all degrees and severity, were present.

We are told to successfully cope with the emergency is to be prepared for it. Who can be prepared for such an emergency?

A burn has been defined as “a high grade of inflammation following the direct or indirect application of fire, dry heat, steam heated fluids, acids and actinic rays of the sun to a portion of the cutaneous or mucous surface.

The nature of the changes produced in the tissues are the same, whatever the cause, and the treatment and results follow the same law of destruction and repair.

There must be many kinds of burns, since there are so many and varied causes, however, scientists have for convenience and ease of comprehension grouped them as to degrees into those of the first, second and third classes, according to their severity, vesication, disorganization and destruction of the soft parts.

The effect of these injuries upon the body structure are both local and constitutional. The local effect being shown in the destruction of tissue and distortion of symmetry. The constitutional effects are made manifest by shock, which Shrady defines as “jar to the equilibrium of the entire sympathetic system, of which mere pain is oftentimes an insignificant part. Through mediation of the medulla oblongata and pneumogastric nerves causes enfeeblement of heart-action. Shock kills one half of all fatal cases of burns.”

The systemic effect of burns depends largely on the individual. A person of strong constitution being more able to withstand the shock than those of a delicate physique. A case under my observation illustrating this; A little girl, some five or six years of age, severely burned over anterior chest by clothing taking fire while playing with burning rubbish. There were present; chill, high fever, paroxysmal pains in epigastrium

vomiting, frequent pulse and progressive cardiac weakness, well-marked symptoms of acute myocarditis, the little patient passing away in about three days.

The direction of burns is very important to the surgeon from their first inception, as the constitutional reaction must be considered as well as the care of the local injury.

The inflammation produced by burns is governed to a great extent by the exciting agent, its capacity for the absorption of heat, the duration of its contact, and the susceptibility of the parts acted upon. Solid substances, metals and fixed oils, cause greater impressions than volatile or aqueous materials.

In burns of the first degree there will be a distinct hyperæmia, with redness of varying intensity from the slightest blush to the brownish red, a simple scorching, swelling may or may not be present—if present—extending slightly beyond the area actually exposed to the burning substance. This type of burn is produced by direct contact with flame, escaping steam and proximity to heated metals. With or without treatment, the effect of burning to this extent may disappear shortly after removing the exciting cause. Resolution takes place by the disappearance of the swelling, the absorption of the serous infiltration and the color becoming normal. The specific treatment is, to prevent mechanical irritation and assist granulation to proceed in the normal manner. The local treatment of all burns from the earliest time has been along the line of the prevention of irritation.

Burns of the second degree are marked by pain, at times very severe, erythema, studded with bulla, containing clear serous fluid, the composition of which is serum plus fibrine-ferment, which when left alone for a few days, causes albuminous coagulation.

This ferment is the element giving rise to abnormal temperature and when found in sufficient quantities produces systemic poisoning. In favorable cases the heat and redness subside speedily, as the upper layer alone of the cuticle was destroyed; the vesicles burst, the dry and shriveled epidermis is thrown off and recovery ensues in a few days with proper treatment.

In cases where the corium is stripped entirely of its epidermal covering, or when particles of membrane are rolled up into whitish masses over exposed surfaces, the extent of the burn is not shown immediately upon the removal of the cause, because of the systemic conditions which may be induced. The lesions of this degree are most common after scalds and applications of heated metals, and are in the primary stage more painful than those of any other degree. They are very serious when the

chest and abdomen are involved, frequently giving rise to inflammation of the pleura, lungs, bronchi, and peritonitis and enteritis, which frequently prove fatal, particularly so in cases of children and adults of low vital resistance.

In burns of the third degree, the inflammation may be superficial, but extensive; or may be deeper, involving the skin, (epidermis and corium) and subcutaneous tissues; may involve the muscles, exposing the nerves and blood-vessels, giving rise to severe and exhaustive hemorrhages. May attack and destroy the bones and joints, the whole thickness of the limbs may be charred and destroyed.

Where there is complete destruction of the whole thickness of the skin down to the subcutaneous tissues; the eschar separates by ulceration from the surrounding parts, leaving a large granular sore, which can become covered by epithelium from its edges only, consequently the healing is slow, attended by long continued suppuration and great contraction. The conditions of the granulations during the healing of burns is the determining factor in the amount of contraction and subsequent deformity which takes place.

The greater friction caused by irritation from whatever source, the larger will be the granulations; the greater amount of connective tissue and the greater will be the contraction, resulting in the most distressing distortions and deformity and complete loss of motion and use in the parts.

According to Dr. Posey, lime burns are the most common and the most severe burns of the eye. The danger lying in the quick chemical change, which takes place, accompanied by great heat.

Dr. Edward Griffith has given us a very exhaustive study of burns and quoting from this, he says: "Burns of the throat and naso-pharynx are common and always of serious import. Scalding from the hot vapors or fluids, when severe, causes rapid edema of the mouth, naso-pharynx and the larynx as low down as the vocal cords, followed by gradually increasing dyspnoea, until asphyxiation causes death.

Cases which are stated to have died from inhalation of flames have really been asphyxiated by smoke, noxious gases of combustion, or mechanically suffocated by direct action of the flame."

The pathology of burns is the pathology of inflammation of the part locally affected, with almost all the morbid changes possible in the complications arising therefrom. A severe burn can open the way to the onset of many diseases, both medical and surgical, each fatal to life. The treatment of burns must have

reference to the constitutional condition, as well as to the local injury. A vast variety of local application have been recommended by different surgeons; the principle of all application is the same; prevent irritation, foster granulation and protect the burn wound from infection. Common wound principles should be closely followed. Applications must be non-irritant and antiseptic.

The burn wound must be cleaned of as much dead, burned tissue as possible after removing the charred clothing and protecting the individual from exposure to cold and air.

The thoroughness with which the wound tissues are cleansed will determine, in a great measure, the amount of future discharge and the presence or absence of infecting organisms. Therefore in cleansing burn wounds, puncture the bulla, leaving it intact as much as possible as a protective covering; trim away all detached fragments, and as much as possible all burned subcutaneous tissue. Wash the wound by means of a syringe in a three per cent. solution of hydrogen dioxide. By this means much dead tissue may be dislodged and washed away.

After a thorough cleansing the wound must be dressed and the variety of local application is limited only by the number of surgeons treating the cases. Such applications as may be at hand at time and place of injury, such as flour, starch, cotton wadding, white paint, molasses, etc. The principle of all these applications is, however, the same, the protection of the burned surface from the air.

In the treatment of burns we should be guided by the fundamental principle in the case of all wounds—the aseptic ideal.

Dr. Griffith gives his treatment, which is at least free from all poisonous germs: "Cleanse, puncture blister, trim away all detached fragments. Also as much of burned subcutaneous tissue as possible, cleaning up the wound by washing with a three per cent. solution of hydrogen dioxide using syringe for the purpose until foaming has practically ceased.

Then dress the wound by applying all over its surface and well over the edges two sound skin strips of rubber tissue, in size about one-half to three fourth of an inch wide by three or four inches long; each strip to overlap the previous one laid down by a small margin. Rubber tissue, being membranous, will lie best and cause least irritation. A few layers of loose sterile gauze is to be fluffed over the tissue, and the whole held in place by means of two or three narrow adhesive strips. The amount of discharge will determine the frequency of dressing the burn, care being taken to avoid all pressure upon forming granulations. Care must be given to the parts liable to unite

such as fingers and toes, dressing each one separately. Muscular relaxation must be obtained to secure the best position for rest and repair. Splints well padded and held to parts by adhesive plaster will give support.''

The constitutional treatment is stimulative until reaction from shock has taken place, and is of utmost consequence. Opium in various forms fulfills the indication for pain; internal inflammation, and diarrhoea. The bowels and kidneys must be watched carefully, enemas employed freely.

The early signs of internal complications must be recognized at once and treated according to specific indications. (Transactions of the National Eclectic Medical Association).

LIFE AND LONGEVITY IN CALIFORNIA.

J. A. MUNK, M. D., Los Angeles, Cal.

There is a desire implanted in the human breast to live as long as possible. The whole process of life is a constant wonder as well as a profound mystery. Man is born into the world without any conscious knowledge of his birth and usually leaves it again against his will. No matter how much a man may wish that he had never been born, it does not alter one whit the fact of his being; nor does a craving for continuous existence prolong life beyond the natural limit. The laws of nature are immutable and must undeviatingly take their course. In the plan of nature man ages and dies and goes to that bourn from which no traveler returns.

The years of man's existence on the earth has been stated to be three score and ten which is, perhaps, as fair and reasonable estimate as could be made. The present average of human life is said to be thirty-five years, which is a small increase over what it was a generation ago. The majority of deaths occur in children under five years of age. As age advances the chances of living improve and, if middle life be passed there is good hope of reaching a ripe, old age.

Men have, from time immemorial, sought the fountain of youth, but have not found it and never will. Nothing can change the processes of nature, as the established laws of life are in control. The fresh, sweet, pink complexion of youth is lovely to look upon, but changes quickly with years to wrinkles and pallor of old age. The transformation that takes place is almost complete, so that it is scarcely possible to recognize any facial feature or expression of the child in the aged person.

Every child is born into the world with a certain endowment of vital force, which it inherits from its parents and that

largely determines the measure of its years upon the earth. If the parents, grand-parents and earlier ancestors were long lived, the child born of such stock, also has a good prospect of long life. Vitality is a subtle force which, after all the research that has been devoted to it, is not very well understood, but we nevertheless feel its silent influence at every stage of life. It is possible to increase it by the law of natural selection and can undoubtedly be conserved in the individual by careful living; or, it may be suddenly snuffed out by some accident or disease. Every physician is familiar with this difference in the vital tenacity of his patients. Some will unexpectedly survive all manner of serious accidents or disease, while others die from a mere scratch.

Comparatively few persons arrive at the age of seventy-five years, but it is barely possible, under favorable circumstances of climate and environment, to reach the century and a half mark before going hence. But to claim to be able to live on indefinitely, as some dreamers assert and never die, is simply wild fanaticism. Man is a creature of time and was made to obey Nature's laws, and no miracle can possibly save him from dying; but the final departure may sometimes be postponed many years. It does not require a strenuous climate of extremes to grow either large trees or great men successfully. Probably the longest lived of either species are found right here in California. The estimated age of the giant red-wood is 2,000 years and it is of record in the mission archives that among the native Indians some have lived 140 years. This statement may not prove much, but it goes to show that a good climate is favorable to longevity in both men and trees.

The climate of California has not only been found to be favorable to longevity in the past, but is equally good at the present time. It is free from all weather extremes and gives comfort, good days and length of years to those who journey here. It is the unanimous opinion of those who have had the experience and know, that the littoral of Southern California is the finest spot on the globe. It does not only have picnic weather every day in the year, but the same weather tends to prolong the years. That it adds ten years of life in all cases may not be susceptible of proof, yet such is the belief of many who have taken observations on the subject. This much, however, is certain that the years lived here contain more comfort and satisfaction than the same time spent elsewhere.

A common observation that is frequently heard is, that the time never drags, but seems to fly altogether too swiftly. When time flies it proves that the individual is contented and happy and it is only when time drags that the reverse is true.

It is a fact that more aged people live in California in proportion to the population than in any other place. White hairs are seen everywhere on the streets and wherever people gather. People are attracted by the mild climate and come flocking in from every direction. The aged, invalid and feeble especially find here an asylum of rest and peace which they so long for. Thus they are able to spend their declining years in ease and quiet while waiting the final summons. But you don't have to be old to enjoy California climate. It fits every body and every station in life, and is always good and only good. If any doubt it, they can prove it by giving it a trial.

The mortuary lists published in the Los Angeles daily papers are remarkable for the large numbers of old people they contain. An example is given in a recent copy of the Times that has an analysis of the daily deaths occurring during a single week and the same proportion can be duplicated almost any week in the year. The number of deaths on the first day was thirteen, and of these one of the deceased was aged 77, and another 74, a third 83, a fourth 81, a fifth 71 and a sixth 79. Nearly one half of all the deaths in the city upon that day were over three score years and ten, set us so long ago as the limit of human life; and two of them surpassed the fourscore years. Of the remaining seven, three were about 60 years of age, perhaps a year short or a year over. This gives nine out of the thirteen who had reached threescore years. The next day there were twelve notices in the paper. One of these was 83, a second 73, and a third 83. Of the remaining nine, two were hovering about the threescore point.

The third day of the week recorded fourteen deaths. One was set at 85, one at 80, a third at 71, a fourth at 75, a fifth at 82, a sixth at 79, a seventh at 85 and an eighth at 74. In this list we have eight out of fourteen who were past threescore and ten and four of these fourscore years and upward. Of the few remaining, the age of several of them was not stated.

Taking the fourth day of the series, we have thirteen deaths, one at 70, one at 84, another at 82, while two were near or past the threescore limit. On this day as on others, of the remainder, several ages were not stated. On the fifth day of the series we find twenty deaths, one at 76, one at 82, and two at over sixty. This day furnishes the fewest patriarchs in the list. The sixth make amends, with only seven deaths, one at 82 and one at 72 and two at about threescore years. Then comes the seventh day, again with seven deaths, one at 73, one at 82 and one at 74 and a fourth at exactly 60.

The summary for the seven days shows the death of eighty-

six people, of whom twenty-seven had reached threescore years and ten, or passed it, only one being at that exact point, while thirteen of these were 80 or upward, again only one being at the exact fourscore point. In addition we have at least nine who were either about sixty or a little past that age. Out of the eighty-six, then, we have thirty-six persons who had lived to be 60 years old and upward, one reaching the extreme age of 85, while several were short of that only a year or two.

This record is probably without a parallel. The figures are the more remarkable when we consider that this city is sought by thousands of persons of advanced age who come here in order to live long and see good days in spite of their advanced years—blessings which they could not expect to enjoy in climates less favorable to human life. The aggregate death rate for the week is small; and it is important to remember that not only the aged flock here, but those afflicted with various diseases who know their term of life has but a brief span remaining. They come here in hopes of suffering less than would be the case in climates more rigorous, either from excessive heat or extreme cold, or from sudden changes and every element that makes it difficult for the weak to survive or live in comfort.

IMMEDIATE DELIVERY FOR THREATENED PUERPERAL ECLAMPSIA.

DR. O. C. WELBOURN, Los Angeles.

Read before the Los Angeles County Eclectic Medical Society.

In actual practice we meet with two kinds of Eclampsia. One is pseudo-eclampsia which is a functional disturbance of the nervous system and is readily relieved by any one of half a dozen remedies. The other, the true eclampsia, is preceeded by certain definite pathological conditions which so disturb the vital forces that remedies are of little if any value, after the seizure is once fairly started. Having seen many entirely competent physicians unsuccessfully combat this disease I have sought for other, and possibly better means than those usually employed. Starting with the well known fact that the sooner a patient is delivered after the eclampsia has begun, the better the prognosis, it seems reasonable to suppose that if she could be delivered before the convulsions had begun at all, there would be no eclampsia. This conclusion being accepted it remains to be determined what conditions are premonitory of the disease, also the best method of effecting immediate delivery. This I shall endeavor to indicate by detailing the facts of a case which recently passed through my hands.

Mrs. M. age 37, primipara. Had not menstruated for $8\frac{1}{2}$ months. Thinks she felt motion once, but is not sure. Complains of dyspnoea and says her eyelids are greatly swollen of mornings. Constipated. Urine thick and scanty. Poor appetite. Had been given a diagnosis of extra uterine gestation. Physical examination showed both ascites and anasarca. Heart action fair. Pigmentation of nipples and areola not materially increased. Mammary glands not well developed and inactive. Liver slightly enlarged. Both kidneys tender. Abdomen distended uterus in median line and regularly enlarged with fundus one inch below umbilicus. Fetal heart beats distinctly heard in right iliac region. Inspection of vulva revealed no unusual conditions but the vagina showed the typical congestion of pregnancy. Cervix and os both quite undeveloped. Examination of the urine showed a large quantity of albumen, trace of sugar, epithelial and granular casts. I made a diagnosis of intra-uterine pregnancy, and advised immediate delivery for the threatened eclampsia.

She was taken to the hospital and given the usual preparation. Under general anesthesia she was taken to the operating room and placed in the lithotomy position. The vagina and perineum were first dilated using a set of Barnes cervical elastic rubber dilators. The cervix being undeveloped a small cervical dilator was first used after which the big Bossi dilator was applied and the os expanded to a circumference of eleven inches. This part of the operation must be done carefully to avoid lacerations and will sometimes require as much as thirty minutes. With complete dilatation the case is resolved into one for the application of the long forceps and the usual methods of delivery. In the case related the time necessary for the entire operation was only 45 minutes, and the patient quickly regained consciousness. Artificial respiration was necessary for the baby. It was very poorly developed weighing only 4 lbs. Both mother and child got along very well while in the hospital and I hear good reports from them since. At this writing about two months after the operation the mother was greatly improved in health. The edema has subsided and the urine shows only a trace of albumen and casts. Eventually she will fully recover.

A case of true puerperal eclampsia is not likely to gather much glory for the attending physician. It is a formidable difficulty and means strenuous work. Its Prophylaxis is worthy of much study.

The method advised is of course a major operation yet with the proper instruments it is not so difficult as it seems.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.

Associate Editor

P. M. WELBOURN, A.B., M.D.

Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

S. F. MARCH, M. D., Kansas City, Mo.

J. B. MITCHELL, M. D., San Francisco

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

ANNUAL MEETINGS.

No argument is necessary to prove that regular meetings of a society are necessary to keep it alive. This statement has become an axiom the civilized world over. If, perchance, it is expected that a certain organization is to grow and increase in power, it is not only necessary that the stated meetings be held, but also that they be attended by a large proportion of its members and that these shall have and evince an interest in its success. They must be its supporters in fact as well as in name. Unfortunately it is true of any organization that there are many members who have never done anything either in or out of it. They have always taken life easy, quite willing to let some more energetic person take the lead and show them what to do and how to do it. Usually their quiet contentment is not seriously ruffled should all of the work be done before they get to it. They are so often too late that it has become a habit—an attitude of mind which has become chronic. Such mental condition is usually incurable and it possibly has a peculiar comfort of its own, somewhat related to that of the other incurables. How-

ever, they are built that way and can't help it—or, has it developed in them from a first indulgence like the whiskey habit? But, be that as it may, the fact remains that there is work to be done and it is necessary for the workers to take notice. If you are in this class you will find reliable information in our Society Calendar.

WATCH THE SCHEMERS.

In a recent issue of the Review attention was called to the almost inconceivable fact that active efforts were being made in various sections of the country to secure the passage of a law to prevent dispensing of drugs by physicians. These efforts are becoming more and more aggressive, and the arguments now being presented in favor of such a law are numerous, and some of them so cleverly arranged that they are well calculated to deceive and secure the support of not only the ordinary layman, but the average law maker as well.

Among the most energetic advocates of this scheme to increase the already large profits of the retail drug stores (which, by the way, in many cases, are simply patent medicine and dope shops) is a large and influential western drug journal. As a means of furthering its efforts to secure the unjust legislation here referred to, it has issued a lengthy circular letter to be distributed by the retail druggists to their lay customers. In this circular all sorts of absurd and untruthful statements are made, and appeals to the laity for their support presented in a manner and with an ability worthy of a better cause.

This clever westerner in his circular tells the people that it is dangerous to allow physicians to dispense medicines—that a bad doctor could easily poison them and write death certificates ascribing the cause of death to some ordinary disease, and that their only security from such terrible dangers is the passage of a law requiring that all prescriptions shall be compounded by a reputable druggist. This wily fellow then adds that even the most conscientious doctor, through his lack of pharmaceutical knowledge, might do much harm—a thing that could never happen if the doctors' prescriptions were always reviewed by efficient druggists.

In connection with this matter the following article may not prove devoid of interest:

A short time ago we stepped into what appeared to be a well-kept drug store in this city and called for some half-grain tablets of bichromate of potassium. The druggist, a man about fifty years of age, said: "You mean permanganate of potassium?" We insisted that we knew what we wanted; he then informed

us that no such bottles are made. When told that we had been carrying them and dispensing them for some time in the past he looked wise and said, "I never heard of them."

There was another gentleman we took him to be a doctor in the store, but he said nothing, though he appeared to be deeply interested in the conversation. Finally the druggist said, "Why don't you prescribe and give us a chance?"

"There are several good reasons why we do not prescribe," we answered. "The first thing is that so often the druggist don't have just what we prescribe and so hold his trade either because of what he hasn't got or gets in something the *R.* does not call for." This assertion he vehemently disputed. We answered, "Two recent experiences will settle the question, one prescription called for iodide of lime (*R. C. & Co.*), one from a water & mineral. It went to one of the big drug stores on Olive street and was filled and labeled with our name on it as the doctor. At our next visit patient no better - we examined the medicine and found it was not what we had prescribed. Took the bottle and went to the drug store and asked the druggist if he had Billings, Clapp & Co.'s iodide of lime. He answered, 'No. Our next question was, 'You usually keep it, don't you?' He said, 'No sir; this is the first call we ever had for it.' Whipping out the bottle we asked, 'What is in that bottle?' He went and got the *R.* and coming back, said with a defiant air, 'With iodide of calcium of course,' and he went on with a long explanation which did not mean anything, only that he is a second-class. 'Thus, we said, is why we don't send any more prescriptions to this drug store.'

Another prescription called for *R. E. alnus vermicularis* combined with other things. The *R.* was taken to the drug store at one of the largest medical colleges at St. Louis and was filled by combining the two other ingredients and leaving out the bug abber. We called the next day with the bottle and asked to see the *R.* He saw his mistake and admitted he had never before heard of it, yet he had filled the prescription. "But all druggists are not dishonest like these," was his answer. "Another reason is that many druggists don't know enough to fill a prescription," we said. "For instance, a *R.* for sulphate of soda (powdered) went to three stores and could not be filled. Finally the party went to a large store downtown and while the clerk was tying up the package the party related his troubles, and the clerk simply remarked, 'You tell your doctor next time to write Chamber's salt' and every druggist in the neighborhood will have it all right."

And still another reason is that too many of the druggists talk too much.

To illustrate: After filling a prescription a drug clerk asked one of my patrons if he knew this doctor; the doctor's age, etc., and wound up by cautioning the patron to be sure he gave no more than the directions called for, "as this is a deadly poison, and I was really afraid to put it up," etc. Of course, this patron didn't do a thing but tell our patient what the druggist said and we were promptly discharged. We said, "Now I seldom write a prescription." "I don't blame you," said Mr. Druggist.

The foregoing abstract is taken from an editorial published in the *American Medical Journal*, and it may well be commended to the thoughtful consideration of all physicians who send prescriptions to drug stores, as well as to that of the druggists who are zealously trying to convince the people that doctors are not competent to dispense the medicines they prescribe.

J. W. F. in *Eclectic Review*.

OBITUARY.

A good man passed away when Dr. W. S. Jones, Medford, Oregon, breathed his last. A great man is laid to rest. Great in his love and devotion to his family, great in his loyalty and firm attachment to his friends, and great in his care and attention to his patrons.

The doctor was the best known and most favorably known physician in Southern Oregon. He was popular in Portland as well as San Francisco. Was kind in his manners, conscientious in his duties, he made himself the friend of all.

Dr. Jones was born in Marion County, Iowa, January 28, 1866. He was a graduate in Medicine from the American Medical College of St. Louis Missouri, class of 1887. He located in Medford in 1888, and practiced his profession there until his death, the cause of which was a heart affection from which he suffered for some time past. He was only confined to his bed but a few days. The doctor had an extensive and lucrative practice. He leaves a widow and one daughter. He was a member of Medford Lodge No. 103 A. F. and A. M. Oregon; Chapter No. 4 R. A. M.; Malta Commandry No. 4 K. T.; Alkader Temple A.A. O.N. of M.S. of M.S. K. of P. and of the World. Maclean.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Kansas City, Mo., June 17, 18, 19, 20, 1908. L. A. Perce, M.D., Long Beach, Cal., President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets

May 19, 20, 21, 1908: F. J. Peterson, M.D., Lompoc, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May 5, 1908. J. P. Dougall, M.D., Douglas Bldg., Los Angeles, President; H. Ford Scudder, M.D., Long Beach, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. M. Blanche Bolton, San Pedro, Cal., President: Dr. P. M. Welbourn, 818 Security Bldg., Los Angeles, Secretary.

THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held April 7th, 1908 at the offices of Drs. Welbourn, Security Building. In the absence of the president, Dr. Bolton, the meeting was called to order by Dr. Munk at 8:30 p.m.

Under the head of new business, Dr. O. C. Welbourn proposed the name of Dr. Q. A. R. Holton, Whittier, for active membership. He was unanimously elected.

Dr. O. C. Welbourn read a paper entitled, "Immediate Delivery for Threatened Puerperal Eclampsia." The essay was very interesting and a discussion followed in which many interesting experiences with Eclampsia were related. Special attention and stress were laid upon the treatment in each instance.

The next meeting will be held June 2nd, at the offices of Drs. Welbourn. The May meeting will be omitted because of the regular annual meeting of the Southern California Eclectic Medical Society being held in that month.

Dr. M. Blanch Bolton was appointed to read the essay at the next meeting and Dr. Aisbitt will make a clinical report.

The meeting was then adjourned until June 2nd.

Dr. J. A. Munk, Pres. pro tem. Dr. P. M. Welbourn, Secy.

To the Members of the State Society:

The annual meeting of the Eclectic Medical Society of the State of California will be held in San Francisco, May 19, 20, 21, in the Banquet Hall of the Bismark Cafe, southwest corner of Fourth and Market streets.

You are especially invited to attend and bring a paper to present at that time. Many changes are being made and it is quite essential that this meeting be well attended.

The future for Eclecticism never was brighter, but as ever before "Eternal vigilance is the price of liberty."

I would be pleased to hear from you, enclosing the title of your paper.

Your for Eclecticism,
J. PARK DOUGALL, M. D.

CONCERNING THE NATIONAL.

At the coming session of the National Association in Kansas City Mo., on June 17, 18, 19 and 20th, I hope to see changes in our constitution and by-laws made so each and every member of the several state societies shall be members of the National, the several state societies paying to the National a proper per capita.

This is one of the most important factors in organization, and I am sure it would be of benefit not only to the several state societies, but to the National as well. There never was a time when organization was as necessary as now. Unless we do organize and concentrate our strength, we can not hope to grow in influence, and fill up our ranks, so the effect of time will not entirely deplete our forces.

Everything points to a fine and successful session, both as relates to papers and the politics of the situation. Much depends upon the officers, but more depends upon the individual members. I hope to see a large attendance, and increased interest so we may feel we have not entirely lost our interests in Eclectic Medicine. I hope to see a good representation of our people from this coast on hand to help push the work along. We will also have the pleasure of meeting many of the leading Homeopaths while in their National meeting which will follow our session the following Tuesday. I am sure none of us will regret the time and expense of our trip to Kansas City and will profit largely by contact with our friends, and come home with renewed energy to do our best for those who have confidence in our Methods of Medication.

I am very,
L. A. PERCE, M. D.

SECTION OFFICERS.

Section on Specific Diagnosis and Specific Medication.

Chairman—J. P. Harvill, M. D. Nashville, Tenn.
Secretary—J. M. Keys, M. D. Omaha, Neb.

Section on Practice of Medicine.

Chairman—C. E. Pace, M. D. Osawatomie, Kan.
Secretary—Pearl Hale-Tatman, M. D. . . . Eureka, Springs, Ark.

Section on Materia Medica and Therapeutics.

Chairman—Finley Ellingwood, M. D. Chicago, Ill.

Secretary—Mary B. Morey, M. D. Gonzales, Tex.

Section on Pediatrics.

Chairman—E. H. Stevenson, M. D. Fort Smith, Ark.

Secretary—Hanna Scott Turner, M. D. Pomona, Cal.

Section on Gynecology.

Chairman—O. C. Welbourn, M. D. Los Angeles, Cal.

Secretary—A. F. Stephens, M. D. St. Louis Mo.

Section on Dermatology and Syphilology.

Chairman—J. V. Stevens, M. D. Jefferson, Wis.

Secretary—J. S. Stewart, M. D. Hastings, Neb.

Section on Electro-Therapeutics.

Chairman—R. P. Rudd, M. D. Fulton, Ky.

Secretary—J. R. Spencer, M. D. Cincinnati, O.

Section on Ophthalmology, Rhynology, Otology, and Laryngology.

Chairman—J. P. Harbert, M. D. Bellefountaine, O.

Secretary—A. H. Reading, M. D. Chicago, Ill.

Section on Surgery.

Chairman—H. H. Brockman, M. D. Eldon, Mo.

Secretary—C. E. Laws, M. D. Fort Smith, Ark.

Section on Obstetrics.

Chairman—P. C. Clayberg, M. D. St. Louis, Mo.

Secretary—J. A. Archer, M. D. Grenola, Kan.

Pathological and Bacteriological Research.

Chairman—J. D. Robertson, M. D. Chicago, Ill.

Secretary—Lyman Watkins, M. D. Blanchester, O.

Section on Genito-Urinary Diseases.

Chairman—A. P. Hauss, M. D. New Albany, Ind.

Secretary—G. Adolphus, M. D. Atlanta, Ga.

Section on Orthopedic Surgery.

Chairman—Lee Strouse, M. D. Covington, Ky.

Secretary—J. C. Mitchell, M. D. Louisville, Ky.

Section on Neurology.

Chairman—C. M. Brandenburg, M. D. New York, N. Y.

Secretary—S. B. Pratt, M. D. Boston Mass.

Section on Sanitation and Hygeine.

Chairman—Lee H. Smith, M. D. Buffalo, N. Y.

Secretary—G. A. Weeks, M. D. Richmond, Mo.

Since the appearance of the last bulletin it has been learned that the Midland Hotel, at which it was intended to have held the meeting of the National at Kansas City, will have given up

the building before the time set, therefore the place of meeting will of necessity be changed.

Dr. March informs me that he has arranged with the management of the Coates House and that he has secured the session room and three large rooms adjacent for committee rooms, all free of charge to the Association.

The rates at the hotel are \$1.00 a day and upward on the European plan, and \$2.50 per day and upward, American plan, the latter includes bath.

We trust each member who intends to prepare an article for the National will not fail to have his article ready, and forward it if he finds it impossible to attend.

All reports from the section officers should be in the hands of the secretary no later than May 1st.

Let every man make it his business to do something toward making the coming meeting a success. We need every individual and the individual physician needs the organization.

We should not fail to do our part to make the attendance and the enthusiasm the best ever, especially when we consider how much good Eclectics of Kansas City are doing to assure us a delightful time while their guests.

Very fraternally,

WM. P. BEST.

RATES GRANTED THE NATIONAL.

I have been notified by the Western Passenger Association that they had reconsidered and had granted us a uniform rate of two cents per mile each way in their territory. The Trans-Continental Association grant a rate of \$60.00 round trip from California points to Kansas City. Dates of sale of tickets are June 9—11 and June 15, 16. From Northern Pacific coast points rates are the same but dates of sale are June 5, 6. Further particulars will appear in next month's Journal.

H. H. HELBING, Cor. Sec'y.

NEWS ITEMS.

Dr. H. W. Hunsaker has changed his address to 524-526 Pacific Bldg., San Francisco.

Dr. W. A. Harvey has moved to 521-524 Pacific Bldg., Fourth and Market Sts., San Francisco.

Dr. R. I. Schmiedel has returned to San Francisco and opened an office at 1668 Ellis street.

The next meeting of the Board of Medical Examiners will be held Aug. 4th. Dr. Dougall of Los Angeles and Dr. Mason of Lodi are the Eclectic members.

The annual meeting of the Southern California Eclectic Medical Society will be held in Los Angeles, May 5th.

Dr. Pearl Hale-Tatum, Eureka Springs, Arkansas, has been appointed a member of the Eclectic State Medical Board.

Dr. W. A. Harvey of San Francisco has moved his offices to Rooms 521-526 Pacific Building, Market Street at Fourth.

Drs. C. P. and T. J. Higgins of Amarillo, Texas, have come to Los Angeles and intend to locate here.

Several doctors from Los Angeles have signified their intention of attending the State Meeting in San Francisco in May.

We are anxiously awaiting the return of the blanks which are being inclosed in the journals sent to delinquent subscribers.

The April Meeting of the Los Angeles County Eclectic Medical Society was well attended. Dr. Q. A. R. Holton of Whittier was elected a member of the society.

Dr. B. E. Fullmer has returned from a sad journey East, where he accompanied the body of his mother who died in Pasadena in April. The Journal extends sympathy.

We have received the provisional program of the Ninth Annual Meeting of the American Therapeutic Society to be held at the Bellevue-Stratford Hotel, Philadelphia, May 7-8-9, 1908.

Dr. J. Park Dougall attended the regular meeting of the State Board of Medical Examiners in San Francisco in April and we are pleased to report that the worthy doctor was elected President of the Board.

The many friends of Dr. T. O. Duckworth will be pleased to learn that he has been awarded a contract for caring for the county's sick at Pioche, Nevada. There were many doctors desirous of the position but Dr. Duckworth won easily.

Recently we received a request for the correct addresses of the brethren in San Francisco and were able to give only a few and vouch for the correctness of same.

The commencement of the Eclectic Medical Institute was held in Cincinnati, Ohio, April 29th. The commencement exercises of the California Eclectic Medical College will be held about the middle of June.

In the April issue of Pearson's Magazine is a very good likeness of Prof. John Uri Lloyd of Cincinnati; the picture was taken of a party of tourists who were in quarantine in Suez, Egypt. Wm. J. Bryan and family were members of the party.

"At the close of the Chamber of Commerce banquet last night, Dr. L. A. Perce, for two years president of the Chamber of Commerce, was presented with a handsome gold watch as a token of good feeling and gratitude for his active efforts as head of the organization. Secretary Miller made the presentation speech." (Long Beach, April 8.)

"The Frank S. Betz Company have purchased the entire pharmaceutical manufacturing plant of the Charles S. Baker Company, Chicago, and have removed same to the Betz plant at Hammond, Ind. There's nothing too big for Betz."—Ex.

The International Journal of Therapy, formerly edited by Otto Juettner, M. D., Cincinnati, Ohio has been discontinued. The subscription list has been transferred to Albright's Office Practitioner, of which Dr. Juettner becomes associate editor. We shall miss Dr. Juettner's Journal greatly.

According to the usual custom, the annual meeting of the Southern California Eclectic Medical Society will take the place of the May meeting of the Los Angeles County Eclectic Medical Society. The next meeting of the latter society will be held June 2.

We have heard with regret of the death of our good friend, Dr. W. L. Snyder, Muncie, Indiana. His death occurred on April 2nd, and followed an illness of two years, caused by Aneurism of the Aorta. Dr. Snyder was a graduate of the Eclectic Medical Institute, 1893.

Mr. Chas. E. Van Landingham who has been the efficient manager of Hotel Metropole, Avalon, Catalina, has resigned to accept the position of manager of the Westlake Hospital. Under his supervision the hospital facilities will be greatly improved and enlarged. The hospital is to be congratulated upon securing the services of such an able and experienced man.

READING NOTICES.

RUSTY DOLLARS. HOW TO GET THEM OFF YOUR BOOKS. A new plan to make the "dead beat" pay. A SYSTEM for physicians' accounts only. Address Dr. Jno. W. McMahon, Earl Park, Ind. for his free booklet, "RUSTY DOLLARS."

"Tongaline is a convenient and reliable remedy for that large class of painful complaints, whose etiology is so obscure as to present a veritable Chinese puzzle."

PRUNOIDS.

The following letter from Dr. James P. Hawes of Valois, New York, is typical of the complimentary expressions the Sultan Drug Co. of St. Louis is receiving regarding their new product Prunoids. "I have practiced medicine for twenty years and all that time I have been looking for a laxative that would be pleasant to take, do its work nicely and QUIT there. I have never found it until Prunoids came. So pleasant to take and by all comparison the best that I have ever used." The Sultan

Drug Co. will be pleased to send sample of Prunoids to any of our readers who will mention this Journal.

URETHRAL INFLAMMATION.

Usually the only treatment needed to cure urethritis is to administer sanmetto and alkalies, with an occasional purge, and very mild injections of chloride of zinc.

RHEUMATISM DUE TO GRIP.

In speaking of the treatment of articular rheumatism, Hobart A. Hare, M. D., Professor of Therapeutics in the Jefferson Medical College and Editor of *The Therapeutic Gazette*, says: "Any substance possessing strong antipyretic power must be of value under such circumstances." He further notes that the analgesic power of the coal-tar products "must exert a powerful influence for good." The lowering of the fever, no doubt quiets the system and removes the delirium which accompanies the hyperpyrexia, while freedom from pain saves an immense amount of wear, and places the patient in a better condition for recovery. The researches of Guttman show conclusively that these products possess a direct anti-rheumatic influence, and among those remedies, antikamnia stands pre-eminent as an analgesic and antipyretic. Hare, in the latest edition of his *Practical Therapeutics* says: "Salol renders the intestinal canal antiseptic." This is much needed in the treatment of rheumatism. In short, the value of salol in rheumatic conditions is so well understood and appreciated that further comment is unnecessary. The statements of Professors Hare and Guttman are so well known and to the point and have been verified so often, that we are not surprised that the wide-awake manufacturers placed "Antikamnia & Salol Tablets" on the market. Each of these tablets contains two and one-half grains of antikamnia and two and one-half grains of salol. The proper proportion of the ingredients is evinced by the popularity of the tablets in all rheumatic conditions and particularly in that condition of muscular soreness which accompanies and follows the grip.

We desire to reassure our friends in the medical profession that Cactina Pillets contain only the therapeutic principles of *Cereus Grandiflorus*. No other specie of cactus is employed in their manufacture, nor does any other medical ingredient enter their composition.

(important)

SULTAN DRUG CO.

PHYSICIAN'S ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

The California Eclectic Medical Journal

Vol. I

JUNE, 1908

No. 3

✦ Original Contributions ✦

PRESIDENT'S ADDRESS

Southern California Eclectic Medical Association.

J. PARK DOUGALL, M. D.

That spoke in the cycle of events marking our annual meeting is again in evidence, and it is our duty as well as our privilege to attend to the business of this association, listen to the new ideas, the emphasis of old ones, the exploitation of pet theories, to renew our acquaintances, and, above all, to lay plans for the future.

This latter is especially important from the fact that Eclectics everywhere are awakening to the fact that if we are to assume our position in this world with any degree of security, we must organize. The past year has been one fraught with many difficulties, yet active willing workers with an initiative will be able to report a very considerable increased interest in things Eclectic, and a general feeling of lame insecurity manifested by those who for years have slept and neglected that which might make them proud in its possession.

An active correspondence reveals an awful condition of ignorance regarding our status, and it is only recently that we have been able to get a count of Eclectic noses by an Eclectic.

Next to organization we must place ourselves in a position to compete with other schools along scientific lines; without this we are unable to properly hold our position. With an excellent materia medica and a rational practice, and in our colleges as teachers, men learned in the newer branches, we will be accorded the highest position in medicine.

The greatest and most complete victory must be where we can defeat the enemy with weapons of their own choosing.

This association is one of the recruiting stations for the standing army of Eclecticism, and to be of any service it must be active in its endeavors to obtain new material, not only for the association, but also for our institutions of learning, that the future of successful Eclecticism may be assured. More than ever before, it is our plain duty to support our institutions, our associations and societies. The payment of annual dues is not sufficient. Your presence is required.

A conference of ideas and advice is essential to the best interests of all concerned. At the present time everything Eclectic is taking an upward move. "Forward March" is the order, and now is the time to get in line.

PROGRESS

THEODORE JUDSON HIGGINS, M. D.

Discontent or rather lack of satisfaction, unsatisfied desire, is probably the most constant property or possession of the average professional man and for the human race as a whole. The individual with a thousand is always or nearly always looking for the opportunity to double the amount. The man with a million would desire to possess enough more so that each of his children could inherit a million. Under our competitive system of such is Life. The physician in the small town with a country practice, is liable to envy the man in the larger town who seems to possess all of the so-called (?) modern conveniences. When the physician from the larger town goes to the city and sees the city doctor riding in his automobile, with a chauffeur to drive his machine, and a maid in his office to entertain his patrons and a private secretary to assist him in his work, our larger town doctor becomes envious.

Going a step farther when the city doctor has occasion to consult with a man out of the East and this same rich and great consultant is attended by a Japanese valet who dresses him and engages a suite of rooms at the finest hotel, brings his own trunk of surgical dressings and gowns and two or three assistants to unpack and care for them and then they return whence they came remunerated with say a \$15000 or \$20000 fee as the case may be, then even our city doctor becomes envious, discontented or jealous.

Under our present competitive system life is a moan, a sigh, a sob, a storm, a strife. When one gets down in the traces help him by crushing him down farther. This is stern reality. It should be as a great Greek writer says, "If a man is unhappy, this must be his own fault; for God made all men to be happy" and again "I am always content with that which happens for I think that what God chooses is better than what I choose." So much for Greek philosophy. The fact remains that all of us are to a greater or lesser degree the victims of circumstance. Many of us are in our present situations, not as the result of our own will or volition, but because of something or things beyond the control of our own wills, desires or personalities.

One thing is certain the Doctor needs to study himself as well as the other fellow. Remember that one rule is all a real

Eclectic needs for his code and that is this, "Do unto your fellowmen even as you would have your fellowman do unto you." Try and place yourself in the other fellow's shoes, whenever you have the other fellow in your power as we often know to be the case, and then treat him as we would desire to be treated ourselves in the same situation. Let us learn to do this regardless of our own personalities.

Often the best part of our work necessarily has nothing to do with potions, pills or powders but rather with the direction of strength against or upon the wicked. To us as the family counsellor comes the father with his anxieties, the mother with her hidden grief, the daughter with her trials and the son with his follies. At least one-half the work the doctor does is recorded in other books than his. Courage and cheerfulness do not only carry us over the rough places of this life, but help us to bring comfort to the chicken-hearted and help to console us in the sad hours when we have to whistle in order that we may keep back the tears. What the world needs is not more doctors and we are constrained to say not better doctors; but it does need more good doctors of the type above referred to. Gentlemen just remember this point. Medicine is *one thing* that will never be controlled by a trust. The *real doctor* is the *one man whose services are* not to be measured or valued by the standards of the dollar. Rarely can we look back and see where our sacrifices in the way of service rendered to some person of ample means brought us aught but the paltry fee which they often grudgingly part with. They expect, too frequently, their money to show their entire appreciation for our service and their fee is a mighty poor apology for the blessing that would be the gift of some of our worthy poor. There is a certain amount of truth in every fad. At present there are as many ways of healing the sick as there are undigested securities on the stock market. And these fads will be of value only when they shall have the air and the water pressed out of them. The one thing that makes a fad a nuisance is the fact that some one will over-capitalize the corporation, and, by judicious advertising the stock can nearly all be disposed of, the poor public finding out how much they have been worked, later. However, "those who run may read." The true physician will try to get some good out of everything. It does not become us as twentieth century practitioners to belittle any and all men whose methods differ from ours but rather let us glean whatever there may be of good in all things. If our neighbor's advantages have been superior to our let us avail ourselves of his superior methods.

Above all be guided by this law of ethics. "Do unto your fellowmen as ye would that they should do to you."

HYOSCYAMUS NIGRA

BY JOHN ALBERT BURNETT, M. D. AUBURN, ARKANSAS.

Henbane is the common name for *hyoscyamus nigra*. It is an old remedy and a very important one. The specific use for *hyoscyamus* given by Scudder is as follows: "Allays irritation of the nervous system and to some considerable degree of the sympathetic. Gives rest, promotes sleep and favorably influences the vegetative process." The dose recommended by Scudder is two to ten drops of the specific medicine in a teaspoonful of water every half hour or hour as the case may require. I consider ten drops of specific *hyoscyamus* a very good size dose when it is repeated every half hour.

In my practice I usually use the powdered extract in one grain doses. This is my favorite remedy for after pains in obstetric practice and is safe to use; I have used it with good results in several cases giving one grain of the powdered extract every two or three hours until the pain was relieved. This dose does not interfere with the lochial discharge as opium occasionally does, and it has no effect upon the nursing child.

Hyoscyamus is one of the most important remedies we have for colic and most all pains in the abdomen such as painful menstruation, griping of purgatives, etc. There are many people and especially some children that purgative medicine gripes considerably, and in all such cases *hyoscyamus* can be used with the purgative and the griping prevented. Many physicians who are used to giving large doses of purgative are accustomed to combining *hyoscyamus* with it, and many who prescribe often for diseases of women put in *hyoscyamus* to relieve pain as it is "king" of all "Belly-ache" remedies. Scudder says, "This is one of the best of nerve sedatives and carminatives, though less decided than opium as a hypnotic, yet in certain cases it is far preferable to that agent for securing sleep. It is a remedy for delirium whether mild or furious."

Few agents equal it in the typho-mania of typhoid fever. In the low muttering delirium of delirium tremens it is a valuable agent and is especially adapted to old toppers. It is preferable to opium as a pain relieving agent (though not so powerful) for it neither constipates nor arrests the secretions of the bronchiae, kidneys and liver. It is a remedy for irritation and when a frequent pulse and cardiac debility depend upon irritation, stimulant doses of the remedy give excellent results.

It is an excellent remedy to relieve cough of pulmonic irritation. *Hyoscyamus* is indicated by delirium, hallucinations, wild and disturbing dreams, coma, wild restless eyes, constant agitation and the insomnia of debility and exhaustion.

The best substitute for hyoseyamus for all painful conditions in the abdomen such as colic, after pains, painful menstruation, griping of purgatives, etc., is dioscorea villosa, but dioscorea must be used in much larger doses than hyoseyamus and often dioscorea must be used in hot water or with a small amount of lobelia in order to make it effective. For most all other conditions belladonna is probably the best substitute for hyoseyamus.

Hyoseyamus has two valuable alkaloids—hyoscamine and hyoscine. The alkaloids are very costly but the dose is small. Hyoseyamine is about the same in therapeutic action as hyoseyamus. Hyoscine has quite a reputation with some in the cure of drug habits and in combination with morphine and cactin to produce anesthesia. The chemical formula of hyoscine is said to be the same as scopolamine but their action is said to be different by some and by others the same. I agree with Dr. W. C. Abbott that the action is different.

Hyoseyamus is a very important remedy for the general practitioner, obstetrician, and gynecologist.

HOW TO COMPLY WITH THE MEDICAL LAW IN CALIFORNIA.

J. PARK DOUGALL, M. D.

President, California State Board of Medical Examiners

The present law regulating the practice of medicine in California went into effect May, 1907, repealing and superceding the enactment of 1901, which latter was the first law granting a combined Board comprising members from the three schools of medicine. In 1907, to the above was added representation from the osteopathic system of therapeutics. To enable all to take the same examination, that part of a medical education by which schools are known was eliminated from the examination.

Thus we have a law which requires no examination in *Materia Medica*, *Practice of Medicine* or *Surgery*. At first thought this may appear paradoxical, on the other hand it makes a much less complicated law, and one in which all schools can justly participate.

Much adverse criticism has been directed toward the California law and its administration, and without in any way opening a controversy on this point, it must be said that such criticism usually emanates from some unfortunate, or from some overzealous light of the fraternity in the eastern or middle states, who is totally unaware of the circumstances and conditions peculiar to California.

The percentage of failures is increased by the ancient practitioner who has been told that California is a good place to

spend his remaining days, and who through his deficiency in modern education, is in a class all by himself. Up-to-date, capable practitioners are not menaced by the law, but an applicant must expect to know something about the practicalities of diagnosis and treatment of diseased conditions. Recently an applicant appeared who had been in active practice over thirty years. This man, without counting the credit of 15% for years of practice, attained a general average of over 81%. A number of similar instances are on record, and it is usual to find that where an applicant fails in some technical branch, it finds company in such a branch as obstetrics or gynaecology.

The Medical Law and the rules of this Board require of an applicant who desires to practice medicine or surgery to file a diploma issued to him by a legally chartered Medical College, the requirements of which were at the time of graduation in no particular less than those prescribed by the Association of American Medical Colleges of that year.

Applicants who desire to practice Osteopathy are required to file a diploma from a legally chartered College of Osteopathy, having a course of instruction of at least twenty months, requiring actual attendance, and after 1908, of three years of nine months each, and including the studies examined upon under this Act.

All applicants must produce to the Board such a diploma and an affidavit stating that he is the lawful possessor of said diploma; that he is the person therein named, and **THAT THE DIPLOMA WAS PROCURED IN THE REGULAR COURSE OF INSTRUCTION AND EXAMINATION, WITHOUT FRAUD OR MISREPRESENTATION OF ANY KIND.** Such affidavit may be taken before any person authorized to administer oaths (blanks to be furnished by the Secretary of the Board). The applicant must furnish satisfactory testimonials of good moral character.

PRELIMINARY EDUCATION

Documentary evidence must be presented, showing that the applicant has had a preliminary education at least equivalent to a High School course.

In addition to the above, every applicant must be personally examined on the following subjects: Anatomy, Physiology, Bacteriology, Pathology, Chemistry and Toxicology, Hygiene, Obstetrics, Histology, Gynecology and General Diagnosis.

There will not be less than ten (10) questions on each subject. The examination must be in whole or in part in writing, and in the English language. A general average of 75 per cent and a minimum of 60 per cent on each subject must be attained.

Applicants who can show at least ten years of reputable practice are granted a credit of five per cent on their general average, and five per cent. for each subsequent ten years of such practice.

The fee is twenty-five (\$25.00) dollars and must accompany the application. Fifteen (\$15.00) dollars is returnable if the credentials are unsatisfactory.

If an applicant fail in his first examination, he may be re-examined at any subsequent meeting, and shall be required to pay for each of said examinations the full fee.

No special permits are authorized by law. No temporary licenses to practice are issued.

There is no reciprocity between California and other States. All applicants must take the examination. The regular meetings of the Board are held on the first Tuesday of April, August and December of each year. Examinations will be held on the first Tuesday of April and August, in San Francisco, and on the first Tuesday of December in Los Angeles. Applications must be filed with the Secretary not later than two weeks prior to the first Tuesday of April, August and December.

Applicants are cautioned against commencing the practice of medicine in California prior to receiving their license.

All communications should be addressed to the Secretary, Chas. L. Tisdale, M. D., Butler Bldg., corner Geary and Stockton Sts., San Francisco.

A sample examination is appended.

HYGIENE.

1. What measures should be adopted by the community for the prevention of tuberculosis?

2. Why is the frequent medical examination of school children desirable?

3. Discuss Wright's theory of opsonics.

4. Why should the registration of births, deaths, and marriages be made compulsory?

5. How may pneumonia be prevented?

6. What use has been made of horse serum in surgery?

7. Describe the different ways by which milk may become contaminated with tubercle bacilli.

8. Discuss the relation of entozoa to appendicitis.

9. What infections are probably transmitted by the saliva?

10. Describe the modern method of dealing with an epidemic of diphtheria in a public school.

PATHOLOGY.

1. In what disease conditions do we find acetonuria? Name the chemical bodies allied to acetone.

2. What conditions may produce a recrudescant fever in typhoid?

3. In tuberculous peritonitis, what are the sources of infection; what may be the post-mortem appearance?

4. Describe the cerebrospinal fluid in epidemic meningitis; what are the portals of infection; and what is the gross pathology?

5. What are the causes of endarteritis; describe the successive microscopic stages; what changes in the brain may result from arteriosclerosis?

6. Name in the order of frequency the different lesions that may result from a gonococcus infection of the female genito-urinary tract.

7. What are the typical anatomic findings, post-mortem, in puerperal eclampsia?

8. Discuss the theories of the etiology of cancer.

9. Microscopic specimens.

10. Gross pathologic specimens.

HISTOLOGY.

1. Describe the histological structures and their relation to each other in a cross-section of the wall of the duodenum.

2. Describe the histological structure of the testes.

3. Describe the histological structure of a typical lymphatic gland.

4. Name the histological structures found in the eyelid.

5. Draw a diagram of a cross-section of a nerve trunk showing histological structures.

6. Describe the histological structure of the Pancreas.

7. Describe the histological structure of the wall of the ureters.

8. Identify two specimens.

9. Identify two specimens.

10. Identify two specimens.

GENERAL DIAGNOSIS.

1. Differentiate Cerebral Hemorrhage, Embolism, and Thrombosis.

2. Describe bone lesions of Syphilis.

3. Describe Talipes Equinus.

4. Describe Uncinariasis.

5. Differentiate Pyelitis and Pyelonephritis.

6. Differentiate Variola, Varicella, Rotheln and Scarlet Fever.

7. Differentiate Dislocation of the head of the Femur from fracture of its neck.

8. Discuss Thoracic Aneurism.

9.—Differentiate Inguinal Hernia and Enlarged Inguinal Gland.

10. Describe Psoriasis.

OBSTETRICS.

1. (a) Describe the changes that take place in the mucous lining of the uterus preparing it for the reception of the fertilized ovum.

(b) If it becomes attached what further changes take place?

(c) If it passes without becoming attached what further changes occur?

2. At what period of pregnancy is an abortion or miscarriage most dangerous, and explain fully why.

3. Describe the conditions most likely to result in laceration of the cervix, and what remedies would you use, or what treatment would you employ to reduce the danger as much as possible?

4. Describe the clinical symptoms that would lead you to suspect tubal pregnancy during the early months of gestation.

5. Name five diseases that may be transmitted in the foetus in utero?

6. Describe fully how you would conduct a face presentation.

7. Inbreech presentations:

(a) Are they more dangerous to the mother? If so why?

(b) Are they more dangerous to the child? If so why?

(c) Describe how you would conduct them to decrease the danger to either as much as possible.

8. Name ten drugs the mother should be instructed to avoid during laccation, and state fully how they endanger either the mother or child.

9. Describe fully the difference in the conditions calling for the use of oxytocics, and those calling for forceps.

10. Describe the conditions which would lead you to fear impending rupture of the uterus, and what would you do to prevent it?

GYNAECOLOGY.

1. Give five causes of Amenorrhoea.

2. Give five causes of Metrorrhagia.

3. Differentiate briefly between: Pyosalpinx, Tubal Pregnancy and Parovarian Cyst.

4. Differentiate briefly between: Labial Haematoma, Labial Hernia, Labial Hydrocele of the Round Ligament and Labial Abscess.

5. Differentiate briefly between: Haematosalpinx, Haematometra and Haematocolpometra?

6. What is a rectocele, its most common cause and its treatment?

7. Give treatment of retroversion of the uterus in a severe case. Outline the operation.

8. Give a good reason for circumcising a woman and describe the operation.

9. What are the positions of the uterus in the three stages of prolapse?

10. Give diagnosis and treatment of urethral caruncle.

PHYSIOLOGY.

1. Discuss briefly the subject of animal heat.

2. Describe in detail the digestion of carbohydrates.

3. (a) Explain the production of the apex beat of the heart.
(b) Give the cardiac nerve supply.

4. (a) In what regions of the chest may bronchial breathing be normally heard? (b) What is meant by Cheyne-Stokes respiration?

5. What is the physiological reason that the head, upper extremities and abdomen are relatively larger in the new-born than in the adult?

6. (a) Give the specific gravity, chemical reaction, and the normal constituents of human urine. (b) Average quantity in 24 hours.

7. Give the distribution and function of the fourth cranial nerve.

8. Distinguish between cerebral and spinal paralysis in (a) muscle tonus. (b) Nutrition of muscles. (c) Electrical reactions of muscles.

9. Where are the following centres: (a) Parturition,, (b) auditory, (c) respiratory, (d) visual, (e) micturition.

10. Define: (a) Amnion, (b) corpus luteum, (c) myopia, (d) leucin, (e) eupnea, (f) erythrocyte (g) hemolysin, (h) neuron, (i) dialysis, (j) lipase.

BACTERIOLOGY.

1. Describe briefly and clearly the manufacture of serum agar.
(a) State the sources of serum that may be used for this purpose. (b) Name three organisms to whose growth it is an essential.

2. Give a bacterial invasion, state exactly and in order the steps taken to prepare an homologous vaccine, including the standardization of same.

3. State the technic of a bacterial examination of milk. (a)

What pathogenic organisms may be found? (b) How would you estimate the number per c.c.

4. What is tuberculin? (a) Name three varieties. (b) Describe Calmettes reaction.

5. Describe the organisms of erysipelas. (a) How would you differentiate it from members of the same group?

6. Describe the gonococcus. (a) What organisms may be mistaken for the gonococcus? (b) Differentiate each.

7. Differentiate between pathogenic and non-pathogenic organisms. (a) give four examples of each.

8. Describe the bacillus of tetanus. (a) Give its common habitat. (b) Name three toxins due to it.

9. Examination of two slides.

10. Examination of two slides.

ANATOMY.

1. Describe the relation of intra- and extra-cranial veins, locating five principal emissary veins.

2. What segments of the spinal cord supply nerves to the abdominal viscera?

3. What muscles attach to the greater and lesser tuberosities of the humerus and what tendon passes between these tuberosities?

4. Describe the topographical anatomy of the elbow.

5. (a) What bones can be palpated along the inner border of the foot? (b) What ligament does the keystone of the longitudinal arch rest upon?

6. Indicate what vertebrae mark the level of the following: (a) umbilicus, (b) end of spinal cord, (c) inferior angles of the scapulae, (d) central tendon of the diaphragm, (e) inferior border of the pleurae.

7. Describe the arrangement of the superficial inguinal lymphatic glands and indicate from what structure they receive lymphatic vessels.

8. What arteries supply the following structures and what arteries are they branches of: (a) thyroid gland, (b) mammary gland, (c) uterus, (d) testicle, (e) great toe?

9. What nerves innervate the following: (a) muscles of mastication, (b) muscles of expression, (c) sterno-cleido-mastoid, (d) muscles of the lingual region, (e) muscles of anterior femoral region, (f) skin on posterior surface of the thigh, (g) skin on inner surface of the arm, (h) skin over subcutaneous surface of the tibia, (i) tonsil, (j) meatus auditorius externus.

10. What are the relations and position of the pancreas?

CHEMISTRY AND TOXICOLOGY.

1. (a) Define elements. (b) Define Compounds. (c) Define Synthesis. (d) Define Analysis.

2. (a) Name and give formulae of the compounds nitrogen and hydrogen. (b) What two important elements found in the blood?

3. In what is human milk richer than cow's milk? (b) In what poorer? (c) State the difference between egg albumin and serum albumin.

4. (a) Of what significance are haemin crystals? (b) What is the composition of haemoglobin?

5. (a) Injury to what principal organs would cause glycosuria? (b) Describe the chemistry of the stomach.

6. (a) What are carbohydrates? (b) What is the fat splitting ferment of the pancreatic juice? c) Name five classes of proteids.

7. (a) Describe a quantitative test for sugar in the urine. (b) Give test for bile pigment in the urine. (c) What is the normal amount of urea excreted by the male in 24 hours?

8. Give classification of poisons with example of each.

9. (a) Describe Marsh's test for arsenic. (b) Is the quantity of saliva increased or decreased by mineral acids?

10. Symptoms. Intense burning pains from mouth to stomach, nausea, vomiting, diarrhoea with bloody stools and swelling of the abdomen, lips and tongue white and shriveled, death in two days from collapse, crystalline substance found in the stomach. White soluble in water and gives black precipitate with H_2S .

Name the poison and state what should have been the antidote.

BORN IN A TOILET.

DR. O. C. WELBOURN, Los Angeles.

I have heard and read of new born babies being found in the toilet, but never experienced the real thing until recently.

The patient, a married woman of about thirty and the mother of one daughter, had been under my care for several months. She had arranged to go to the hospital for her delivery and had sent over her things in a suit case though the expected event was not due for two or three weeks. The husband, a cattle man in Arizona, had not yet arrived to "help." The birth was to be quite a family celebration.

She awoke in the middle of the night with a labor pain. Throwing on a dressing gown she hurried over to the next door neighbor. While there she had another pain. Came back home

and telephoned for the ambulance. Had a desire to evacuate the bowels. Went to the toilet. Baby born. Mother fainted and fell on the floor. Neighbor woman rushed in and snatched the baby from a watery grave. An hour later the doctor arrived. Everything completed and everybody happy.

A careful examination showed that the expected perineal rupture was nothing more than two lateral lacerations neither being more than skin deep.

Both mother and child made an uneventful convalescence.

SURGICAL SUGGESTIONS

One is wise in making doubly sure by tying each fascial suture with three knots instead of two.—*American Journal of Surgery.*

The tension on the sutures after an operation for epigastic hernia may be relieved by placing a pillow under the knees and propping the patient up in bed.—*American Journal of Surgery.*

One should watch carefully for overdistention of the bladder in all cases of lesions of the spinal cord. In children the bladder has been known to distend sufficiently to hold 20-40 ounces.—*American Journal of Surgery.*

A swelling in the inguinal region, painful to the touch is, of course, often an inguinal adenitis (*e. g.*, following gonorrhea). But orchitis in an undescended testicle should be kept in mind.—*American Journal of Surgery.*

To determine how soon a patient's mucous membrane, *e. g.*, of the mouth or urethra, becomes insensitive after the application of cocain, or other anesthetic, the surgeon may employ the device of touching a little of the same solution to his own tongue, just after the application to the patient.—*American Journal of Surgery.*

In the case of a urethro-vaginal fistula, the vaginal opening can readily be discovered by the injection of methylene blue into the bladder and noting its escape through the vagina. If, however, the opening communicates with the ureter, the blue colored fluid cannot be seen. In such a case, a catheter at times can be passed directly from the vaginal opening into the ureter.—*American Journal of Surgery.*

A peripleuritic abscess due to caries of a rib may give all the signs and symptoms of an encapsulated empyema. Aspiration of the chest usually withdraws clear fluid (an effusion due to the inflammatory process). A positive diagnosis can be made only by exploration of the abscess cavity, when a necrosed rib may be found overlying a thick-walled abscess cavity.—*American Journal of Surgery.*

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

S. F. MARCH, M. D., Kansas City, Mo.

J. B. MITCHELL, M. D., San Francisco

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

COLLEGE ANNOUNCEMENT.

The announcement for the thirtieth annual session of the California Eclectic Medical College is on the press and it will be ready for distribution within a few days. After due consideration the Board of Trustees have decided not to bind together as one book the current issue of the Journal and the announcement, but to issue each one under its own cover.

It will also be noticed that the announcement does not adhere closely to the style usually followed for such publications. In fact an effort has been made to use as little stereotype matter as possible, and yet it is hoped that the information given will be found both convenient and sufficient.

The first year of the College in Los Angeles has been more successful than reasonably could have been expected. The number of students in attendance was gratifying; and the interest and enthusiasm shown by the members of the faculty has been an

agreeable surprise to all. It has also become a source of pride to find that we have such a percentage of the faculty who have the genuine knack for teaching, in whom the gift was unsuspected heretofore.

Send a request to the Dean for an announcement and learn what we are doing.

NEW POSTAL LAW.

The Postmaster General has recently made a ruling which radically alters the mailing list of all periodicals published in the United States. It is now required that the publisher of a medical journal shall have not only the bona-fide original order of each subscriber ready for inspection at any time; but also that each subscription must be kept paid up. Quite naturally this order has provoked a good deal of discussion from the editors and some very clever arguments have been advanced both for and against this interpretation of our postal laws. At this moment we are not particularly concerned with the wisdom of the order; because for the present at least it is the law and we shall endeavor to comply with it. But we are anxious that the reader should know that if he wishes to receive this Journal it is necessary for him to "sign up." It would be a pleasure for us to send the Journal to our many friends free of charge, but this can be done no longer.

The association has been a pleasant one for us and we trust it may continue. To this end an order blank is inclosed and we hope that you will decide to sign it, and do it now.

LOS ANGELES ECLECTIC POLICLINIC.

By reason of the evolution of Eclectic medicine on the Pacific Coast it has been thought wise to merge the Los Angeles Eclectic Polyclinic with the California Eclectic Medical College. Each institution will retain its own identity and continue its former work without interruption. The Polyclinic simply becomes the post graduate department of the college, and the administration of their affairs is greatly facilitated; for one board of trustees and one building answers for both. The annual announcement will be issued under one cover and may be had by addressing the Dean, Dr. J. A. Munk, 821 Security Bldg., Los Angeles, California.

BOARDS OF HEALTH ARE ADMINISTRATIVE AND NOT JUDICIAL BODIES.

STATE V. ADCOCK 105 S. W. REP. 270 (Mo.)

Relator, Dr. A. S. McCleary, graduated from the Eclectic Medical University, of Kansas City, Mo., March 24, 1904, and received his diploma therefrom on that date. This school is duly incorporated under the laws of Missouri, and has a four years' course of study. He claimed to have been a matriculant in said school in the fall of 1900, and therefore prior to March 12, 1901. On or about November 27, 1906, he presented to relators all the evidence required by the act approved March 21, 1903 (Acts 1903, p. 241, §0), to entitle him to a license from respondents, who constitute the state board of health to practice medicine and surgery in the state of Missouri. Relator on said date tendered to respondents the required fee under the statute, but respondents refused to grant to relator a license, and thereafter relator applied to this court for a writ of mandamus, and the alternative writ was duly granted. Among other things stated in the alternative writ, we find "That said board of health of the State of Missouri; that said board is composed of seven physicians, five of whom are allopathic physicians; that said board is biased and prejudiced against relator; that relator is a matriculant and graduate of an Eclectic School of Medicine; that a majority of the members of said board of health belong to the regular or allopathic School of Medicine, a school or system of medicine entirely different and opposed to the school or system of medicine of which relator is a matriculant and graduate; that the school of medicine of which a majority of five of said members of said school board belong are opposed and averse to giving relator a license to practice medicine in the State of Missouri, because relator is a matriculant and graduate of a system of medicine differing from the system of medicine of which a majority of the members of said state board of health are graduates." The return of respondents is in this language: "Now, on this day, come the respondents, and, for return to the alternative writ herein, admit that it is true, as alleged in the alternative writ, that the respondents constitute the state board of health of Missouri, having been duly appointed and qualified as members of said board. They admit that on the 27th day of November, 1906, the relator appeared before respondents, as members of said board of health, in Kansas City, Mo., and tendered to them the sum of \$15, the fee allowed by law. They admit that the relator then and there produced satisfactory proof of his good moral character; and they admit that he then and there produced satisfactory evidence that he graduated from

the Eclectic Medical University on March 24, 1904, and received a diploma, properly signed by the officers and professors in said university, which diploma was dated March 24, 1904. But the respondents deny that the relator produced to them satisfactory proof that he matriculated in the Eclectic Medical University, or in the medical department of any university, school, or college prior to March 12, 1901, and for further return respondents say that relator produced before them at said time and place a paper which purported to be signed by an officer of said Eclectic Medical University, and which purported to be a receipt for the matriculation fee of relator in said university, and which purported to be signed November 12, 1900; that upon careful inspection of said receipt with a microscope it was discovered that the same was originally dated November 12, 1901, and that the same had been changed to 1900; that the relator produced before them certain affidavits, purporting to have been signed by teachers in said university, which affidavits stated that the relator had attended lectures in said university in the fall of 1900; that they examined certain records and papers of said university, but failed to find the name of relator in the list of scholars of said university for the year 1900. Respondents further say that they are not satisfied with the evidence so produced before them that the relator matriculated as a student in said university prior to March 12, 1901; and, upon the evidence so produced, declined to issue a license to relator to practice medicine in Missouri, and, further, respondents deny each and every other allegation in the alternative writ. Wherefore, the premises considered, respondents pray that no peremptory writ of mandamus issue herein, that the alternative writ be discharged, and that respondents be awarded their costs herein." The reply to this return is a specific denial of all new matter in the return. Hon. A. L. Cooper was appointed commissioner by this court to take the testimony, and, after so doing, he has made a report in which there is a finding both of fact and law, accompanied with all the testimony in the case. The report is one evidently prepared with great care. The report concludes as follows: "My findings and conclusions are, therefore, as follows: (1) The relator did matriculate in the Eclectic Medical University of Kansas City, Mo., prior to March 12, 1901, and established that fact by the great weight of the evidence both at the hearing before the board of health and before me. (2) The board of health did not give to the relator's evidence the weight and consideration to which it was entitled, and in that respect acted without due regard to the legal rights of relator. (3) I find, and the pleadings admit, that he had complied with all other conditions required by the statute. I therefore respectfully recom-

mend that the peremptory writ prayed for be issued." We have gone through the evidence, and the conclusions of the commissioner, as to the facts, are the only ones which could have rightfully been reached. As to the law, we will discuss that in the course of the opinion.

J. A. McLane, for relator. The Attorney General and N. T. Gentry, for respondents.

Graves, J., (after stating the facts as above). An examination of this record shows that the overwhelming evidence, both before the commissioner and previously before the state board of health, is to the effect that relator had matriculated in the Eclectic Medical University of Kansas City, Mo., prior to March 12, 1901. All other requisites for a license stand admitted by the return. In other words, the only disputed question is: Was the applicant, Dr. McCleary, a matriculant in said school prior to March 12, 1901? If he was, he was entitled to his license. If he was not, then it was properly refused.

Relator bottoms his right to a license on the act of 1903, approved March 21, 1903, in words as follows: "It is not intended by this act to prohibit gratuitous service to and treatment of afflicted and this act shall not apply to commissioned surgeons of the United States army, navy and marine hospital service, nor to any student who has matriculated in a medical college on or prior to March 12, 1901, and it shall be the duty of said board of health on receiving a fee of fifteen dollars from said student to issue to him a license to practice medicine when said student presents a diploma from any medical college of this state." Under the facts of this case, and under this law, the only thing for respondents to do was to rightfully determine the question as to whether or not the relator was a matriculant in this school prior to March 12, 1901. On this question the respondents held adversely to relator. We are therefore required to face the question as to whether or not this finding of the respondents is final, and not subject to review in this court. Respondents claim that they exercised their discretion on this question, and that their judgment is final. If so, there is an end to this cause; but in this we do not assent to the contentions of respondents. Discretions must always be reasonably exercised. As to whether or not they are reasonably exercised is a question for the courts. The statute requires the issuance of a license upon a proper showing, and it is not within the power of the board of health to arbitrarily refuse it. In the case at bar, the sole and only question for respondents to determine, under the admissions in the pleadings before us, was as to whether or not the relator had matriculated in the medical college mentioned above prior to March 12, 1901. Now, if the board of health, against all the rules of evidence and

against the great weight of the evidence, as evinced by this record, arbitrarily refuse to grant the license, will mandamus lie to compel them to do so? This is the sole contention of respondents. They claim that they have exercised their best judgment, and, having done so, the incident is finally closed. Does the law place in the hands of administrative boards such arbitrary power? We think not. If so, the courts are not open to the aggrieved, if such there be, and this case is wrongfully here. If so, such boards can arbitrarily refuse any applicant the rights prescribed by the law, and he is without remedy. If so, such a board can hear the evidence, and against all of the evidence place its *ipsi dixit*, and refuse to the applicant the privileges granted by the law. Such a doctrine is not consonant with reason, and is not the law. Grant it, for the purposes of this case, that these boards are clothed with discretionary powers, yet an unwarranted exercise of that discretion is a subject-matter for review. They are not judicial bodies. *State ex rel. v. Goodier*, 195 Mo., loc. cit. 560, 93 S. W. 928. In that case this court said: "The duties of the board are of an administrative or ministerial character, and therefore as long as its acts are within the scope of the exercise of reasonable discretion, it is free to act. *State ex rel. v. Gregory*, 83 Mo. 123, 53 Am. Rep. 565. If, perchance, through a misunderstanding of the law the board should refuse to perform a given duty, the writ of mandamus will right the wrong. *State ex. rel. v. Lutz*, 136 Mo. 633, 38 S. W. 323. But the writ of prohibition does not go against such a body. It goes only against a court or tribunal exercising judicial functions. We have very recently held that a writ of prohibition would not go against the board of election commissioners, because, although it exercised a large discretion (in the case there under review having to investigate and find from the evidence and decide which of two antagonistic sets of claimants was entitled to recognition as the lawful committee of a political party), yet it was the act of a ministerial and not a judicial body, and the act to be performed was not a judicial act. *Kalbfell v. Wood*, 193 Mo. 675, 92 S. W. 230."

But even if it were a judicial tribunal, and its discretion was arbitrarily exercised, such action would be subject to review. We have always so held in matters of granting a continuance and similar matters and a citation of cases would be superfluous. In the case at bar there is no remedy by appeal, and the only remedy is the one invoked in this case. But beyond all this, and decisive of this case, the board acts ministerially in a matter of this kind. If the conditions exist, the license must be granted. If the conditions exist, there is no discretion, but the license must be issued. If the board cannot act judicially as held in the *Goodier* case,

supra, this case resolves itself into the plain proposition—do or do not the conditions exist? If so, the license must go. The great weight of the evidence shows that the relator had matriculated prior to March 12, 1901, and, such being the case, the peremptory writ of mandamus must go.

We conclude by saying that boards of this character have ing merely administrative and ministerial duties to perform, cannot act arbitrarily, nor against the great weight of the positive testimony upon a given question, and, if they do so act, there is redress for the party aggrieved by an action of this kind.

From these views, it follows that the peremptory writ should go; and it is so ordered. All concur.—Medico-legal Bulletin.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Kansas City, Mo., June 17, 18, 19, 20, 1908. L. A. Perce, M.D., Long Beach, Cal., President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M. D., Los Angeles, Cal. President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909, E. R. Harvey, M.D., Long Beach, President; A. P. Baird, M.D., Auditorium Bldg, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. M. Blanche Bolton, San Pedro, Cal., President; Dr. P. M. Welbourn, 818 Security Bldg., Los Angeles, Secretary.

THE NATIONAL.

On June 17th the National Eclectic Medical Association, will again convene, for the careful consideration of matters of vast importance to all those who believe in Eclecticism. The brethern of Kansas City have done much hard work to make this a splendid meeting, full of pleasure as well as profit. Several of our most prominent men will give us each day a special address upon subjects of interest and importance. The section work will be good, papers of interest being reported as freely promised. This meeting will mark the period of progress made most satisfactory to all of us, by the Council of Education. Their report will prove very satisfactory to all.

Now men, this is the time and this will be the place for each

to renew their vow of eternal allegiance to the cause. The prosperity of the National and Eclecticism depends upon the graduates of our schools, as a mass, not upon the officers. Be members of that organization alone. No individual is above or higher than his source of existence as a medical man, consequently, you are directly interested. Work must be done or we will retrograde. Energy expended along the proper line will do wonders. We must preserve our own identity as no one will do it for us. So come, be on hand early, stay late, give aid by your presence, and no fear can possess us of the results.

L. A. PERCE, President.

OHIO STATE ECLECTIC MEDICAL ASSOCIATION.

The forty-fourth annual meeting of the Ohio State Eclectic Medical Association was held at Dayton, May 5, 6 and 7th. One hundred and fifty-one members were present, and this proved to be one of the largest and most interesting meetings held for many years.

Wednesday evening, Drs. Probst, Lyle and Juettner read addresses on Tuberculosis, which proved very entertaining and instructive. The following officers were elected for 1908-9.

President J. P. Harbert, Bellefontaine; 1st Vice-President, J. F. Wuist, Dayton; 2nd Vice-President, Geo. W. Deem, Columbus; Recording Secretary, W. N. Mundy, Forest; Corresponding Secretary, J. L. Payne, Cincinnati; Treasurer, S. M. Sherman, Columbus. The next meeting will be held at Cincinnati, April 27, 28 and 29, 1908.

Sincerely,

J. K. SCUDDER.

INDIANA ECLECTIC MEDICAL ASSOCIATION.

We cordially invite you to be present at the Forty-fourth Annual Meeting of the Indiana Eclectic Medical Association, which will be held in the Grand Hotel, Indianapolis, May 26, 27, 1908. An interesting program is being rapidly completed. On the evening of May 26th, we will give a Banquet, and every physician that attends the meeting individually, or with his wife, family or friends, will be presented with a free ticket.

It is important that every Eclectic in Indiana be in attendance this year, for they will be asked to vote on the following matter: "A member of the State Association in good standing may become a member of the National Eclectic Medical Association by paying an additional fee of \$2.00." Let every one attend and adopt this measure, it will be of inestimable value to our School, State and National Societies. The time is here when we must have a better organization. We must be abreast of the times, and the way to do this is to affiliate yourself with your

State and National organizations. We need the help of all regardless of age or youth, whether a beginner or one of years' experience. Come, one and all, a hearty welcome awaits you. Remember the place and date.

Hoping that you may arrange your business to attend, I am,
Fraternally,
E. B. SHEWMAN.

TO OUR FRIENDS AND BRETHREN NOT ONLY OF MISSOURI, BUT OF EVERY STATE IN THE UNION:—

The time for our state and national meetings is fast approaching and we wish to impress it upon every Eclectic in Missouri to prepare for the occasion. We also want to extend a cordial invitation to every Eclectic in the United States to be present and come early and stay late. Both societies will hold their annual sessions the same week at the same place. Our state society will hold its meetings on June 15th and 16th, and the National the 17, 18th, 19th, and 20th. There will be something doing all the time, when not in session there will be trolley and auto rides seeing the sights, visiting the parks and places of amusements, banquets and an excursion to Excelsior Springs a few miles out of Kansas City.

The place of meeting and headquarters for both societies has been changed from the Midland Hotel to The Coats House for the reason the Midland has been sold and will be vacated as a hotel after June 1st. The Coats House is however amply commodious for every want and prices will be very reasonable. It might be well for you to write for reservations especially those having ladies with them.

We want you to not forget to come early enough to be present and join us at least one day of our state meeting and you will be in better working order for the opening of the National meeting on the 17th.

Yours fraternally,
J. T. MCCLANAHAN, President.
EMMETT F. COOK Secretary.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

The annual meeting of this Society will be held at the Auditorium Hotel, Chicago, on May 30th, and June 1st. An extensive and interesting programme has been prepared and every member of the Association is urged to be present and editors of medical magazines, not now affiliated with this Society, are also invited to meet with them.

Do not forget the date, Saturday May 30th, and Monday June 1st.

NATIONAL ASSOCIATION BULLETIN FOR JUNE.

Again our National Association meeting is but a few days away. Again we bring to your notice the need of every loyal Eclectic of the Association and its influence, and the duty of each to the National body.

Throughout the year we have tried to keep all in touch with the efforts of the officers and committees to serve your interests.

The N. E. M. A. exists for you, not for the officers and committees, we are YOUR servants, we desire YOU to be present, for it is to you that our reports should be made, and it is for YOU to know the full year's work, our needs and the true situation.

Every officer and every committeeman has done a full share and much is to be reported, considered and acted upon.

Not for many years have your officers and committees had so much to do and so much to report that is of interest and of VITAL importance and that demands careful and thoughtful action.

While this meeting is primarily one for business, our brethren of Kansas and Missouri will not allow you to return without a taste of genuine western hospitality.

Many good things await all, who in duty to themselves and loyalty to the cause, will be at the meeting.

The program will prove of unusual interest and contains many surprises which will prove entertaining and agreeable.

We hope to meet every Eclectic who can possibly attend.

Sincerely,

WILLIAM P. BEST.

RATES FROM PACIFIC COAST STATES TO THE NATIONAL

From North Pacific Coast points to Kansas City and return the direct rate is \$60.00; via St. Paul \$65.75. The dates of sale June 5 and 6. Ninety days from date of sale. The fare from California to Kansas City and return is \$60.00. The dates of sale June 9, 10 and 11th. The going transit limit is ten days from date of sale and the return limit 90 days from date of sale.

ARBITRARIES.

For tickets from California via a direct route one way and via Portland, Oregon, in opposite direction (using either Shasta Route or S. F. & P. S. S. Co., between Portland and San Francisco) rates from San Francisco, Tracy, Lathrop, Stockton, Sacramento, Redding and their intermediates will be \$15.00 greater than rates for tickets via direct routes both ways.

From points south of San Francisco, Lathrop and Tracy, one way local thereto from selling point will be added to \$15.00, not to exceed a total addition of \$24.50 from Los Angeles or main line points north thereof.

From points south of Los Angeles the one way local thereto will be added to the \$24.50, not to exceed a total addition of \$25.50 from Colton, Riverside or San Bernardino, and \$26.00 from Redlands.

Arbitraries to Texas and Louisiana points will be \$5.00 higher than those specified above, the \$5.00 to accrue in division to the lines between Portland and the Texas or Louisiana destination.

STOP-OVERS.

Stop-overs will be allowed at and west of Chicago, St. Louis, Memphis and New Orleans on going trip within going transit limit and on return trip within final return limit, except that no stop-overs will be allowed in California on going trip.

TICKETS

Special contracts account the various occasions will be printed conforming hereto and used exclusively for these excursions. Such contracts will provide as an especially prominent feature that the tickets will not be honored for return over T. C. P. A. lines unless the ticket is validated at destination of ticket, except that tickets to T. C. P. A. eastern terminals may be validated for return either at destination or any other T. C. P. A. Eastern terminal through which ticket reads returning. Return journey must be commenced on day and date of validation. All coupons of tickets will be endorsed account the meeting or convention for which issued.

All tickets for which fares are quoted herein are non-transferable.

Nine Months Tourist Fares in Effect Daily from California and North Pacific Coast Points.

This rate to Kansas City and return is \$90.00. Should it happen that delegates apply at a station on Pacific Coast from which the nine months fare is not in effect, which may be the case at very small unimportant stations, the agent will cheerfully ascertain and advise them the nearest point to his station from which such fare does apply. H. H. Helbing, Cor. Sec'y.

MEDICAL EMERGENCIES.

A GREAT SOCIETY FOR COPING WITH THE EMERGENCIES OF
PEACE AND WAR.

The National Volunteer Emergency Service, instituted in 1900, has recently been re-organized by the election of Dr. James Evelyn Pilcher, the distinguished editor of *The Military Surgeon* as its Director General, and Dr. F. Elbert Davis, of New York, as its Adjutant General. Its work will be conducted along military lines, the details being worked out in three separate Corps, a First Aid Corps, a Public Health Corps, and a Medical Corps—the latter consisting of physicians, with rank from Lieutenant to Colonel, according to length of service, to whom are afforded special opportunities for emergency training. It includes among its personnel a large number of notable personages, and is rapidly extending its membership throughout the country. Full details regarding the Service and its great work may be obtained by addressing Director General Pilcher at Carlisle, Pa.

NEWS ITEMS

The next meeting of the Los Angeles County Eclectic Medical Society will be held June 2nd, at the offices of Drs. Welbourn.

There were well attended sessions at the annual meeting of the Southern California Eclectic Medical Association which was held May 5th.

The thirtieth annual announcement of the California Eclectic Medical College is ready for mailing and will be sent free upon request.

Southern California will send a delegation to the National which will represent this part of the state and show our loyalty to the cause of Eclecticism.

Dr. W. A. Wyman, wife and daughter from Cheyenne, Wyoming, are paying Southern California a visit and while here the Doctor is combining work and pleasure and taking Post-graduate work in the College.

If a blank is enclosed in your Journal better sign it and return it immediately or you will probably miss some issues, because all delinquent subscribers must be dropped from our mailing list.

PHYSICIAN'S ATTENTION..

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

BOOK REVIEWS

CONFESSIO MEDICI. By the writer of "The Young People," New York: The Macmillan Company, 1908. Price \$1.25, net.

It is rare good fortune to be able to take unalloyed pleasure in a new group of essays. "Confessio Medici," by an anonymous author is a collection of essays written by a physician, every one of which is fascinating. Vocation is the first theme, the keynote being that if the practice of medicine is not a divine vocation, then no life is a vocation and nothing is divine. The author shows deep thought in psychology but declares that, "at present, psychology is in the condition of physics before Galileo." The essay telling of hospital life is very entertaining and full of wisdom and deep seriousness, presented in a witty clever manner. "A Good Example" refers to Ambroise Paré, a French surgeon born in 1510, who is now almost forgotten. "Retirement" makes every one soliloquize. The history is given of Velox, the brilliant physician, who was forced to retire owing illness—and he and Death fought it out; Velox survived, but retired to Death's relief. Hobbies were suggested to Velox which he indignantly scorned, so the author scorns hobbies. It is delightful to have a doctor of wide interests for a dinner partner, but when ill one prefers someone else.

It is impossible to convey the charm of the book, which should receive a cordial welcome by every one who knows the intellectual refreshment of clear, unconventional thought expressed with wit and insight.

COSMETIC SURGERY, THE CORRECTION OF FEATURAL IMPERFECTIONS. By Charles C. Miller, M. D. Second Edition Enlarged.

Including the description of numerous operations for improving the appearance of the face. 160 pages; 96 illustrations. Prepaid \$1.50. Published by the author, 70 State St., Chicago.

This little book attests its popularity by making a second edition necessary in such a short time after the appearance of the first. This edition is much enlarged but is still a concise volume on the subject. If we may make a suggestion it would be that the illustrative portion and the descriptive portion be put together and thus avoid the confusion often necessitated by referring to the plates.

It is an interesting little volume and no doubt will be a stimulus to more extensive work in this line.

MORTALITY STATISTICS—Department of Commerce and Labor Bureau of the Census. Seventh Annual Report. Washington. Government Printing Office, 1908.

The report has been prepared under the direction of Dr.

Cressy L. Wilbur, chief statistician for vital statistics, and presents the results of the registration of deaths in the registration area of the United States during the year 1906.

NERVOUS AND MENTAL DISEASES. A manual for students and practitioners. By Charles S. Potts, M. D., Professor of Neurology in the Medico-Chirurgical College of Philadelphia. New (second) edition, thoroughly revised and greatly enlarged. In one 12 mo. volume of about 550 pages, with 133 engravings and 9 full-page plates. Price, cloth \$2.50 net. Lea and Febiger, Philadelphia and New York, 1908.

The handling of nervous and mental diseases in one small compact volume offers manifest advantages to practitioners and to students. The subject is presented in a clear, concise manner, and everything is included which should be found in a manual; those matters which properly belong in large or special works having been omitted.

The plates, diagrams and illustrations are especially good, and easy for the reader to comprehend.

We recommend this book to any one who desires to qualify himself for examination or general practice on nervous and mental diseases. This new edition is thoroughly abreast of the times and will not be found disappointing in any particular.

THE BLUES. (Splanchnic Neurasthenia). By Albert Abrahms, A. M. M. D. (Heidelberg). Late Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco, Cal. Third edition. 8 vo. 294 pages. Illustrated. Cloth; postpaid, \$1.50. New York. E. B. Treat & Co. 1908.

In the new edition of "The Blues," a very interesting chapter on intestinal auto-intoxication has been added. There is a close relation between intestinal auto-intoxication and splanchnic neurasthenia—the intoxication being the effect rather than the cause. The author considers "The Blues," which is such a common ailment, as a form of nerve exhaustion which he designates as splanchnic neurasthenia. The methods of treatment are described in detail and would be easy of execution.

We commend this book to the profession as one which can be read with interest, enjoyment and much profit.

THE DIAGNOSIS AND TREATMENT OF PULMONARY TUBERCULOSIS. By Francis M. Pottenger, A.M., M.D., Medical Director of the Pottenger Sanatorium for diseases of the lungs and throat, Monrovia, California; Professor of Clinical Medicine, Medical Department, University of Southern California, etc., etc.

This is the first book which has appeared, which endeavors to give a full discussion of the diagnosis, both early and late, of tuberculosis, and which considers the treatment of tuberculosis in the light of modern ideas of immunity.

The author discusses clearly and impartially those measures which are of greatest value in bringing about improvement or cure. The possibilities of each measure are defined and its limitations shown. The book leaves little to be desired as a safe, up-to-date exposition of the subject.

Octavo, 391 pages, illustrated by engravings and charts and by a colored plane. Price, muslin, \$3.50 net. Published by William Wood & Company, New York.

A NEW BOOK ON SURGERY.

Dr. B. Rosewell Hubbard, Professor of Surgery in the California Eclectic Medical college, is writing a new book on general surgery. Its preparation is now well under way and is promised to be out and in the book stores on sale by the first of the year.

The writer had an opportunity to examine some of the manuscript pages and found them interesting and instructive reading. It is not a book of padding, but of original experience and of practical and useful information. It treats of all the major subjects, but also includes the minor and emergency items that are usually omitted from such works, but that are of equal importance to the busy practitioner. The coming of this new book is something to anticipate and we predict that it will have a large sale.

Eclectic literature is steadily expanding and we can point with pride to the many excellent Eclectic books that are being published. Eclectics are progressive, as the name indicates, and are not only keeping abreast of the times but are, in some things, setting the pace.

MUNK.

A WORD FOR PASSIFLORA.

Regarding this well-known remedy, Dr. J. B. Morrow, Tulsa, Okla. says:

"I have lost considerable time, and caused many of my patients to suffer more and longer than they should have done, by virtue of my ignorance of Daniel's Concentrated Tincture Passiflora Incarnata. In my practice I consider your Passiflora a good stand-by, casting abominable opiates entirely out of use. In looking back over my past, and that of other physicians in my locality, I can see wrecks resulting from morphine and opium that would not have occurred had we gotten out of the old rut, and accepted the remedy God designed for the nervous system. I regard it as invaluable for neurasthenia, insomnia, and similar affections, and shall always prescribe it with the utmost confidence wherever indicated, and feel confident of success."

The California Eclectic Medical Journal

Vol. I

JULY, 1908

No. 4

✿ Original Contributions ✿

PRESIDENT'S ADDRESS

ECLECTICISM; WHAT WILL ITS FUTURE BE?

By F. J. PETERSEN, M. D., Lompoc, Cal.

Read before the Eclectic Medical Society of the State of California.

On this, the annual convention of the Eclectic Medical Society of the State of California, I shall endeavor to bring before you a subject of vital importance to our school of medicine. Eclectics are not increasing in number and have been losing prestige to some extent in late years. This does not apply to this state alone, but to many others as well. There are causes for this, causes which our men have failed to see, or will not see.

It is true that the old school is using every possible means to down us, and where force fails many will attempt to accomplish our ruin under the disguise of friendship.

Not this alone in order to hurt the regular Eclectic and regular Homoeopathic schools of medicine, some of them have even shown a tendency to sacrifice their own rights and liberty by favoring laws preventing physicians to dispense their own medicines. Just think of it, does it seem possible that human and professional animosity would go so far as to forget their own welfare and liberty, just because it would perhaps hit other schools of medicine a little harder than their own?

The physician, in order to do the most good under any and all conditions, must have the right and liberty to dispense his own medicines. It is a right and necessity which must be carefully guarded. Be on your guard and watch this right and liberty as a true mother watches over her baby.

Aside of above there are other questions to be considered.

In order to get and maintain our rights and gain prestige, the practitioner of our school should stand by our cause to a man, and let the world know what we are and what we can do. Would the old school succeed if the world knew what we can do and if we stand by our cause to a man?

Would they succeed if there were less petty quarrels, less jealousy and more enthusiasm amongst Eclectics?

Would they succeed if the public in general knew what Eclectics can do and thus give our school proper credit?

All these questions can be answered with a decided "No."

The trouble is we have too many cold and lukewarm Eclectics. To organize and work for our cause is a necessity. We must organize closer, interest the practitioners of our school and keep them interested. This no doubt would help our cause a great deal, however, it will be slow at best.

The people at large must know more about our school, it must be kept before them and its advantages over other systems exploited and this must be done through the public press.

Our National, State and County Societies should see to that and every Eclectic in the state should assist in the matter. Get before the public and stay there and with the aid of the good work we can do, the world will soon know us as we should be known and the credit given us which we deserve and so seldom get now. It would not be long before a wonderful change would take place.

Our name was an unfortunate one as it is so often confounded with the word Electric. The "American School of Medicine" would have been more appropriate.

Closer organization and the use of the public press as stated would enable us to get the recognition we so justly deserve. If the public is enlightened on the difference of schools, the harm that will come from one school dominating, the danger of a medical trust by the old school, they will become interested.

If brought home to them that laws must be passed to give equal rights and equal representation to all State and National institutions and equal representation on all medical boards, they will wake up to the fact that a medical trust will be a menace to the public, as well as any other trust, and that in order to avoid a medical trust of any one school it is necessary to have equal representation of the regular Eclectic, regular Homoeopathic and regular Allopathic school, on State medical boards and in State and National Institutions. They will go further and demand that in all medical departments of State universities the three schools will be equally represented and that the *Materia Medica* and *Therapeutics* of each school will be taught thoroughly; equal time being given to each. This will give no special favors. Wake up the public to the above facts, **KEEP IT BEFORE THEM**, and they will see that we will eventually get a square deal.

In enlightening the public in general on the advantages of Eclecticism over that of the old school we should bear in mind that to each the public to treat itself with Eclectic drugs is a fallacy. The old school has taught the public that the proper treatment for most of the common ills is calomel, quinine, the coal tar products and opiates. What a world of harm this has done to humanity is not necessary for me to tell you.

As the public has been taught to use these drugs, we, in do-

ing missionary work, have to bear in mind that it will not only be necessary for us to tell them not to use these drugs, but give them the reason why. That chronic congestion of the liver and spleen, chronic constipation and many cases of appendicitis and inflammation of the bowels can be traced back to the use of calomel, and especially in large doses, it is a sad fact and the public should know it. That the use of quinine in large doses is responsible for many cases of deafness is another fact they should know. It would also be well to educate them to the fact that quinine is not the remedy in fever. That the coal tar products are the cause of many cases of debility, impairment of the heart's action and very many cases of heart failure is another fact, and the people at large should know this. Depressants such as the coal tar products, bromo quinine, etc., in influenza, are positively harmful on account of their depressing influence, so is quinine in large doses. In order to maintain health it is our duty as a school to enlighten the public on this.

The public should know that by our Eclectic system of treatment we can get better results from drug treatment than by the serum therapy. All this is absolutely necessary to state. The advantages of the Eclectic system can be demonstrated as follows: That certain wrongs in the system produce certain symptoms and that certain drugs will correct these conditions, thus treating pathological or functional wrongs of the system direct according to indications. We must tell them that we use less harsh means than the old school, and by our form of treatment give more permanent relief with no harmful after effects to the patient. Let us appeal to them to compare the work of Eclecticism with that of the old school or Allopaths or self-styled regulars. We must teach them that all regular registered Eclectics, Homoeopaths or Allopaths are REGULAR physicians. DO NOT FORGET THIS.

Literature to this effect should be used freely in order teach people the advantages of Eclecticism over that of the old school. Every Eclectic should have these in his waiting room and hand to his patients and friends. The State or County Societies should devise means by which the people can be reached where there are no Eclectics to look after the matter.

Last but not least we must urge on the public the importance and necessity of just legislation that will give equal rights and equal representation to all schools. The State society should appoint a committee to formulate or arrange a pamphlet as stated. Another committee should be appointed to see that they are printed and distributed in quantity to every Eclectic in the State, with a special circular letter stating the importance of this

matter. This will educate the people on Eclecticism and its advantages. It will mean more prestige and more students for our colleges. Thus the Eclectics will become stronger, our colleges can become larger and stronger institutions. Let us begin now with the good work and not delay matters any longer.

Another matter of importance, is the advancement in therapeutics. It is a well known fact that the old school is gradually learning to appreciate the value of our system and those that follow us in that respect are the most successful practitioners. The homoeopaths gradually absorb some of our best remedies. This means that eventually we will be a back number if we refuse to advance and branch out. The question naturally suggests itself; What will the future be in case we refuse to advance and are satisfied to rest on past laurels? The question is easy to answer. It simply means to be a back number as stated above. We have to enlarge the field of *Materia Medica*, the Therapeutics, add new remedies and find new uses for old ones. As Eclectics we have the right to choose the best from all, as long as this is done according to our system of Specific Medication. We can and should use drugs that conform to indications, be this in the primary or secondary form.

The late Dr. J. M. Scudder, our father of Specific Medication, realized this long ago and branched out. There was a time when many Eclectics feared that Dr. Scudder would become a Homoeopath. Far from it; he understood Specific Medication and knew that if a remedy would meet certain conditions, it was the remedy to use regardless of strength or form. Therefore, in order to continue to lead in therapeutics we must broaden and choose the cream of all according to our system of Specific Medication. As we branch and enlarge our system, its study becomes harder and even more complex; for these reasons it becomes necessary to simplify the study of drugs, which is not a hard matter to do, as I have often shown.

In conclusion I wish to say that I earnestly hope that our society will take up the above questions and consider them carefully and act accordingly. Our tactics must be changed sooner or later in order to get our rights. Let us do it now.

Our *Materia Medica* should be made standard. It should get recognition as such by the Government.

If Eclectics all over the United States would appeal to their representatives at Washington, D. C., at a proper time, we no doubt, would get our just dues.

All the State Societies of the United States and our National Eclectic Medical Association should take this up without delay.

CEREBRAL ANEMIA.

M. S. AISBITT, M. D., Los Angeles.

Read before the Los Angeles County Eclectic Medical Society.

Mr. F., age fifty, baker by trade, came to the clinique, a few weeks ago complaining of dizziness in the head and a revulsion of the diaphragm. These dizzy spells would come on every day and sometimes twice a day.

So blinding would they be at times, that he would have to hold on to something to prevent falling. If he would raise his eyes to look up at something, it would bring on this condition. In addition he had cold chills which did not react to bring on any fever.

His heart was sub-normal, constipated, there was a deficiency of solid matter in the urine, temperature sub-normal, nervous, could not sleep. These spells would continue from one to two hours. He had to give up his avocation on account of the above conditions.

He contracted fever and ague about seven years ago, of which he was never cured.

I diagnosed his case to be cerebral anemia superinduced by chronic fever and ague. Commenced treating the case by giving belladonna to relax the capillaries and establish a free circulation of the brain. Gave gelsemium to control the phrenic nerve which arises from the third, fourth and fifth cervical and a branch from the ganglia of the solar plexus. I gave podophyllum and echinacea to remove the debris from the system, gave him nux vomica and ordered suitable diet, to tone up the patient. He came into the clinique one day during the latter part of the treatment, with glasses on and stated he had just discovered he could not see with his right eye. I examined his eyes and found the pupil contracted. I gave a weak solution of belladonna. In a few days the pupil resumed its normal size.

Under this treatment the patient fully recovered. This case is somewhat interesting, in view of the fact, that the case has been so effectually cured after seven years' standing. The patient stated, the physician who treated his case gave him nothing but quinine, which accounts for the ringing in his ears. Quinine will cause a contraction of the capillaries, which I allege, was the primary cause of the anemic condition of the brain and secondary attack of the spinal cord.

This patient was on the verge of cervical degeneracy. This simple treatment has done more for this case than all the medicine he had taken in seven years. It is much simpler to treat ague in the acute than in the chronic stage.

Gelsemium is the most efficacious remedial agent we have in the *Materia Medica* to break up fever and ague. It can be given while the person is having the chill or while having the fever. It will abort a fever and ague quicker than any other agent I know of.

After the chills and fever are broken, then quinine is useful to constrict any undue relaxation that has been produced. Even in this age of medical progress and advanced knowledge of therapeutics, a great many physicians have to give quinine, altogether for the treatment of fever and ague, irrespective of the temperament of the individual. A great many people cannot stand the effects of quinine. It attacks the cerebral organ and produces cinchonism.

Therefore, I may say, in passing along these lines; never give quinine in the beginning of the treatment of a case of fever and ague, give gelsemium and belladonna instead. These two drugs in combination, will cure nearly every case of acute ague and prevent its passing into the chronic stage.

The medicines, I prescribed in this case were given as the symptoms presented themselves, and they had the desired effect of curing this obstinate case.

NECROSIS OF THE VERTEBRAE.

B. R. HUBBARD, M. D.

Read before the Southern California Eclectic Medical Association.

Of the serious affections to which the bodies of the vertebrae are subject to, caries and necrosis are the most common; and, with the exception of tubercular disease of the bodies of the vertebrae, these morbid conditions are the most destructive of any affection to which the spine is liable. Caries is the result of destructive inflammatory action, but in a minor degree, producing molecular death of small areas upon the surface of the bone. Necrosis, a term denoting destruction of bone *en masse*, is due to the same cause as that producing caries, but the inflammatory action is more pronounced, causing the separation of portions of the periosteum from the vertebral body by the deposit of inflammatory products beneath this tough fibrous sheath, which may result in cutting off the circulation of blood in the Haversian canals and osseous medulla, causing death to the adjacent portion of the bony tissue.

Necrosis of the vertebral bodies is followed by suppuration which usually eventuates in abscess formation in the affected area, the pus sooner or later gravitating in the direction of the

least resistance, will break through into some adjacent cavity, or find its way to the surface and be opened by the surgeon.

As to the causes of necrosis, both immediate and remote, there exists a difference of opinion among surgical writers of note; some taking the ground that the morbid state is largely due to grave constitutional taints lurking in the system, and awaiting an opportunity to attack some objective point that may be weakened by disease or traumatic injuries; others of equal experience taking the position that the necrotic condition is due to a localized focus of disease following active inflammation of the part, which eventuates in degeneration of tissue, forming a nidus for the lodgment of suppurative germs that infect the inflamed area setting up an infective suppurating process, ending in abscess as is noted in Pott's disease. Once the inflamed area becomes infected with staphylococci or streptococci the onset of the necrotic disease is sudden, its progress active and virulent, and the destruction of bone extensive.

A morbid state affecting the bodies of the vertebræ that simulates the pyæmic destruction of bone, is tubercular disease of the spine, a morbid condition that begins insidiously, progresses slowly, covering over a period of months, and even years, resulting sometimes in abscess, but not in all cases; from the fact that the *bacilli of tuberculosis does not produce suppuration*, but they develop rapidly in the inflammatory tissue area and destroy it as rapidly as would the germs of suppuration. Should the area infected by tubercular deposit also find lodgment of any form of pyogenic germs that might be floating in the circulation, then a very rapid osteomyelitis will result, the inflamed area will be doubly infected, the tubercular deposit will break down, and the formation of abscess will almost sure take place. Again, if the diseased area becomes infected with germs from the Pyerian patches of the small intestines following typhoid fever, a train of symptoms will be set up not unlike that of tubercular inoculation, which is described as "typhoid spine."

The etiology of these different affections of the spine alluded to, is either trauma, or is due to embolism which sets up a localized inflammatory lesion that forms a nidus for the lodgment of the several species of destructive germs already mentioned above. The condition is entirely local, and cannot in any way be connected with a constitutional taint. Children that are of a strumous character of body are, perhaps, more liable to attacks of necrotic disease of bone than are those of other morbid conditions of the system. It is claimed by good authority that struma is not a disease, that it is a condition of the system lacking in resisting powers, at least to the invasion of septic germs and their

ptomains. We hear much of a "scrofulous condition" of the system being the exciting cause of certain phases of localized disease, such for example as "scrofulous spine" and "scrofulous joints" or "scrofulous skin diseases," but the term is entirely obsolete, as it is now known that the one time *scrofulous state* of the body is nothing short of tuberculosis, and in this connection let me say that a general state of tuberculosis often follows tubercular disease of the spine resulting in multiple inoculations in different portions of the body.

When the cervical vertebræ becomes the seat of tubercular disease, and the morbid state is doubly infected by some one of the pyæmic germs, and abscesses form as the result of suppuration, the pus gravitates in the direction of least resistance, which in this case will usually be in the retropharyngeal region, or the suppurative fluid may follow down the fascia of the deep cervical muscles and the abscess point in the region of the clavicle, either superficially or very deep. If the bodies of the lower dorsal vertebræ are attacked by the necrotic disease, also the upper lumbar vertebræ and suppuration results, the pus usually escapes from the affected area along the fascia of the psoas muscle and points just above the pubes in the region of Poupart's ligament, or if it burrows beneath this dense structure and finally reaches some point on the front or back part of the thigh, a fluctuating tumor varying in size will make its appearance over the purulent collection. In cases where the suppurative process has reached the laminae, spines, and the posterior surfaces of the bodies of the dorsal and lumbar vertebræ, and the true condition is determined before the suppurative fluid has left the diseased area, it can be evacuated through a posterior incision made through the skin and superficial fascia followed by forcing the blades of a uterine dressing forceps down through the remaining muscular structures to the suspected abscess cavity, and spreading the blades, when if the pus cavity has been entered the purulent fluid will show at once in the open wound. The necrotic area should then be washed out with a 1-2000 bichloride solution twice a day until suppuration ceases, when rapid recovery usually follows if proper attention has been given to the needs of the general system, by the administration of peptics, stimulants, and tonics, together with good food, with plenty of out-door exercise if the condition of the patient will permit of it. As a general tonic and a remedy that will supply the requirements of a wasting system there is none better than the elixir of the glycono-phosphate of lime and soda, unless it be the syrup of the lacto-phosphate of lime, and in the majority of cases of necrosis of bone, these potent remedies can and should be given in alternation on alternate

weeks. Little good can be accomplished with aconite or veratrum to control hectic conditions that appears as a result of absorption of purulent fluids; much better would the morbid state be controlled by sponging with some alkaline solution, and the giving of tangible doses of specific echafolta, and good lemonade to drink in plenty to flush out the emunctories of the system. Other disinfectant solutions may do well to cleanse the diseased area, other than bichloride, but none will prove as potent to retard or stop the necrotic process, if used judiciously.

What has been said regarding the medicinal treatment of necrosis of the dorsal and lumbar vertebræ will apply equally well to the same morbid condition in other regions of the spinal column; but there are other requirements necessary to establish a cure, which is of a mechanical nature. It should be a fixed principle in the treatment of diseased vertebræ to produce absolute fixation to relieve trauma of motion, and extension to relieve pressure, this must be accomplished by some form of mechanical appliance that once it is adjusted by the surgeon the patient or friends cannot remove and readjust it. The plaster-of-Paris cast or jacket fulfills the requirements along all lines to the satisfaction of both the surgeon and patient, especially if it is skillfully made and adjusted well to the contour of the body. It should not be made too heavy, and should rest upon the hips and extend well up under the arms that the proper amount of extension may be given to the diseased area of the spine. To give the required amount of extension to diseased cervical vertebræ the cast can be moulded well up to the neck and under the chin with such portions cut away that might prove irritating by pressure; the jury mast is sometimes used to make extension and support the head, but it fails to immobilize the diseased parts, hence failures must be charged up to its inefficiency.

Retropharyngeal abscess demands prompt attention as soon as it points in the pharynx. The symptoms attending the purulent formation is distress and difficult deglutition. To open the abscess it should be incised with a guarded bistoury while the head of the patient is held well forward, or thrown quickly forward as soon as the incision is made to prevent suffocation by the purulent fluid, or swallowing the same. As soon as the pus is evacuated the diseased area should be well washed out several times a day with bichloride solution the same strength as recommended in necrosis of the dorsal vertebræ: this should be done through a double irrigating tube if possible, to prevent the patient swallowing the poisonous disinfectant fluid.

In necrosis of the lower dorsal and upper lumbar vertebræ, Pott's disease, paralysis often follows aggravated cases, especially

where a marked kyphosis accompanies the morbid state, and the distorted bodies impinge upon the spinal cord; but through proper treatment, that is, by extension and immobilizing the diseased spine during the period of treatment of the necrotic state, fully 90 per cent of cases recover.

Relapses will occur if strict attention is not given to building up and supporting the vital powers of the system that it may resist the invasion of germ life that destroy vital organs of the body.

A LETTER.

The following letter was sent in care of the editor to be delivered to Dr. Munk. The Journal did not deliver it, but with the consent of its author has published the same. Dr. Munk will know of its existence only when he sees the Journal.

TOPEKA, Kansas, May 25th, 1908.

Dr. J. A. Munk,

My Dear Young Friend:—It is twenty-three years since we first met and hence we have been old enough to vote for two years. You were an active successful practitioner then and in the midst of your increasing practice voluntarily left us and hied yourself to the Pacific Coast and there fastened your tentacles and there your habitat. It appears that your greatest usefulness has just begun.

During the past two or three years, your professional medical career has taken on more of a public form or nature. Your merit and ability are recognized and you are Dean of a Policlinic, a Post Graduate Medical school and the California Eclectic Medical College. You always practiced what you preached and a continuous proof of it is found in the May number of the "California Eclectic Medical Journal," on "Life and Longevity in California." In this article you appeal to the strongest motive in the human breast, the desire for long life and health, and then by statistics prove what you say to be true.

In this you mix the physician, the philanthropist and the Los Angeles real estate man. You almost persuade me to become a Californian. I have spent a part of several years in your delightful Southern California and cannot deny any of your assertions, or disprove your statistics. The reports given of Los Angeles' entertainment of the fleet boys is beyond my comprehension and a credit to each and every one in the City of the Angels and entitles you to be amongst the winged throng—when the time comes.

I am not an Eclectic and do not believe in Athies and

Pathies (just a physician) yet I am pleased to read "The California Eclectic Medical Journal," and congratulate Dr. O. C. Welbourn, the editor, in keeping the flag of his belief fluttering in the medical breeze.

The editor has a sensible timely article on "Puerpural Eclampsia," and its treatment. The article on "Dietetics" by Dr. Holton, should be published in every medical journal and in the religious and secular press. It is a plain statement of facts that should be impressed on every one who eats.

The suggestion that the craving of the appetite for certain kinds of food and in the absence of any other guide, to give it in moderation, in the main, is correct and the exercise only of plain common sense. The use of buttermilk has served well in my own case and practice.

During the autumn of 1883, in a case of typhoid fever in which there was not only anorexia, but seemingly no food agreed with the patient, a member of the family was passing through the sick room with a fruit jar of buttermilk. In my desperation for food for my patient, something he could relish and retain, I gave him a tablespoonful of the fresh butterless milk. The patient expressed a relish for the milk and it stayed with him.

For the next three weeks he drank one gallon of fresh buttermilk every 24 hours. He made an uneventful recovery and gained in weight. At the expiration of ten days, I put a tablespoonful of cream in the half pint of buttermilk and it caused nausea. This meddling taught me a lesson never to be forgotten—to always let well enough alone in the treatment of a seriously sick patient.

I believe a majority of the American people (because they can get all they want to eat) dig their graves prematurely with their teeth. In other words go the HOG route. It seems to me the time is fast approaching if not here now when our younger physicians should establish "A College of Health." A school, not a hospital, of "Hygiene and Dietetics." Instead of patients; students. Such a school, not a sanitarium nor sanitorium; but school, properly equipped, controlled and advertised, ought to win.

Honorable physicians (not fakists) could make a financial success of such a school and confer a great benefit on the human family. Preventive medicine is the shibboleth of the medical profession to-day and what better setting in a community than a large well equipped intelligently conducted "School of Health." Therapeutic agents would need to be used to a very limited extent by the physician in charge, but medicine would be in the back ground.

Hygiene, Dietetics and Psychology governing in the manage-

ment of the school. Have a master in each. But, Doctor, I must quit or you will sure say these Kansas zephyrs have filled me with efflatus.

However, I think the plan outlined, worked out properly, would be in keeping with the medical progress of the age.

Hoping to be with you and enjoy more of the longevity atmosphere of Southern California, I am,

Truly yours,

J. E. MINNEY.

CARE OF PREGNANT PATIENTS.

J. A. ARCHER, M.D., Grenola, Kansas.

Usually after a woman has missed one or two menstrual periods the physician is consulted for the relief of morning sickness or a diagnosis as to the cause of the retarded menstruation.

The diagnosis of pregnancy is not readily made from symptoms alone and usually at this stage the patient does not submit readily to an examination. She is advised that in all probability she is pregnant, and a diet and medicine is prescribed as may be indicated for the relief of the unpleasant conditions. The chief danger in pregnancy is toxemia and the contributing cause of that condition is overtaxation. Then she should be advised as to exposure to cold, wet feet, sitting in draughts, and insufficient underclothing. The food should be of such a character as not to over-tax the kidneys and liver; no excessive indulgence of any kind should be participated in. No excessive sweets should be taken, and meat but once a day. The bowels must be regulated by fruits and vegetables as far as possible. If medicine must be resorted to the prescription must vary to suit the occasion. For this cascara, phosphate of soda, Carlsbad water, a tablet of aloin, belladonna, cascara and strychnine, or small doses of the old compound antibilious physic may be used.

If conditions such as headache, foul tongue, edema, and defective vision warrant, an examination of the urine for albumen, sugar and specific gravity should be made. And from the sixth month of gestation on to the end of the term the urine should be examined at stated intervals of not more than two weeks, and more frequently should any edema appear or albumen be found in the urine. The care of the teeth should not be forgotten in pregnancy, as at this time they seem to decay rapidly.

A mouth wash of milk of magnesia should be prescribed once or twice a day, also a course of lacto-phosphate of lime, two drachms three times a day for ten days at a time, at intervals of two or three weeks. The acid secretions of the mouth are beyond a doubt the cause of the cavities in the teeth and the anti-acid mouth wash is called for.

Exercise of the proper kind is very essential to the pregnant woman; she should live in the open air as much as possible and take exercise moderately and systematically. We cannot specify the exact amount as the majority of such patients have their house-hold duties to attend to. But a safe rule to follow is to instruct the patient to rest at intervals short of fatigue. The physician should forbid any violent exercise, such as horse back riding, dancing, riding over rough roads, lifting heavy weights and the like. In the latter months of pregnancy the patient should not be allowed to take long journeys and should avoid all excitement. Should any accident occur the patient should be put to bed in a quiet, well ventilated, darkened room. Should any pain or discomfort follow, the physician should be summoned at once and means taken to prevent a premature labor or miscarriage.

There are many mild disorders of pregnancy about which the patient should be advised, also their treatment; a troublesome vaginal discharge should always receive treatment. For the non-specific leucorrhea and its associated pruritis, generally a gentle douche of mild solution of sulphate of zinc, one drachm to the quart of warm water; or lysol where the pruritis exists without leucorrhea, or a combination of borax and asepsin, borax one ounce, asepsin ten grains, thoroughly rubbed together, one drachm of this mixture to a quart of warm, sterilized water. Also there are aggravating hemorrhoids; these may be relieved by the application of an ointment made by rubbing one drachm of the oil of peppermint with two ounces of thick cream and applied frequently or by bathing with witchhazel, or an astringent ointment of tannic acid or solution of dynamyne and glycerine, of each one-half ounce and water to make two ounces applied to painful tumors on lint.

The physician should be kept informed of the patient's condition and time of expected labor. About three weeks prior to labor some preparation is sometimes advisable to aid in strengthening the uterus and to bring about a natural labor.

R.—Specific Medicine *Macrotys* 3 ij.

Specific Medicine *Pulsatilla* 3 ss.

Specific Medicine *Chionanthus* 3 ss.

Glycerine 3 j.

Aqua qs. for 3 viij.

M.—Sig. One teaspoonful every three hours.

The *pulsatilla* may be replaced by specific cactus, or any remedy may be substituted as indicated, but always retaining the *macrotys* as the principal remedy.

At about this time a general examination should be made to ascertain if there is any abnormal condition of the pelvis or child. Also the general condition of the circulatory system and the gastro-intestinal functions should be looked after.

In a doubtful case a vaginal examination should be made. An occipito-posterior presentation with the head movable above the pelvic brim in primipera near term causes difficult labor and requires forceps delivery. In such cases the prevention of prolonged pregnancy by the induction of labor at term an effort to induce flexion of the head to insure prompt engagement is very desirable. Any practitioner can learn the reach of his index and middle finger and in a flattened pelvis the promontory of the sacrum will be easily reached.

At this time the patient should be advised as to the care of the nipple. It should have frequent applications of glycerole of tannin. Also a daily laxative should be prescribed. Where a nurse is employed she will here be advised, but many cases are cared for by inexperienced nurses and progress quite as well with a little more inconvenience to the physician. (Transactions of the National Eclectic Medical Association).

EXAMINE YOUR PATIENTS.

J. R. BANGERT, M. D., Shippensville, Pa.

We often fail to relieve and cure our patients, owing to carelessness and lack of thorough examination on part of both the physician and the patient.

The older physicians are prone to become "rutty" and lazy and prescribe from the symptoms the patient gives.

The younger man is over ambitious and timid. This does not apply to all.

A positive diagnosis will guide you to the indicated remedy, so if you are not positive, make a thorough physical examination before selecting your remedy from symptoms exclusively.

I will cite a few cases to illustrate:

Case 1. Lady, aged 60. Had been treated for lung, heart, stomach and bowel trouble for fifteen or twenty years. She did not complain of uterus or its appendages. Upon a thorough examination, the heart, lungs and stomach were found normal, and in fact always had been. Twenty years previous to my visit she gave birth to a large child, breech presenting. The posterior vaginal walls were torn, also the anterior wall of the rectum. The uterus slipped into the rectum and there remained, the wounds healing. The fundus became perforated, allowing the fecal matter to pass through the uterus coming out of the uteri into the rectum. At her menstrual period she thought she had

hemorrhage of the bowels which came on regularly and lasted from five to eight days. She died for want of a thorough examination and a simple operation.

Case 2. Lady, aged 67. Been treated for everything but what ailed her. Patient timid (modest), the doctor indifferent. Upon thorough examination found the uterus dangling between thighs like a male scrotum. It was dry, tough and shrunk. After cleansing and lubricating it was returned and held in place with soft ring pessary. No medicine was given. The patient was and is fleshy, but always complained of her back and believed that her trouble and pains were due to faulty kidneys, and was always treated for such. She is now doing well and has no pain or trouble such as she had before.

Case 3. Lady, aged 20. Treated for constipation and hemorrhoids for two years with internal medication, without a thorough examination, due to over confidence on part of physician and timidity on part of patient. Making an examination of the patient, I found a fissure in ano. Dilating and local remedies affected a complete cure.

Case 4. Lady, aged 30. Chronic Cystitis. She had gone the rounds of internal remedies recommended in such cases. The trouble was reflex and due to hemorrhoids and rectal ulcers. She was cured by local treatment and proper diet.

Case 5. Male. Diagnosis, spermatorrhea. Internal medication and sounds were used for two years, giving no relief. Rectal examination revealed large ulcers on the anterior wall of rectum at prostatic inch. The ulcer was healed by dilation and local treatment and the spermatorrhea ceased.

I could cite many similar cases but I think these are sufficient to justify the title of this paper.

Patients are willing to pay for a thorough examination.

Psychology should not be forgotten in the treatment of the sick and a thorough examination will touch the key note.

Not forgetting my own weakness, and with malice towards none, this paper is respectfully submitted. (Transactions of the National Eclectic Medical Association).

OVERHEARD IN A PULLMAN.

He—Reading, "Very high tide at Long Beach——the Pike threatened——still higher water tomorrow."

She—How very remarkable! I did not know there had been a heavy rain there.

He—Holy Smoke! Don't you know that a rainfall does not raise the ocean level.

She—Of Course! How stupid of me!

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

S. F. MARCH, M. D., Kansas City, Mo.

J. B. MITCHELL, M. D., San Francisco

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE THIRTY-NINTH SESSION OF THE N. E. M. A.

The thirty-ninth session of the National Eclectic Medical Association met in Kansas City, Mo., at the appointed time. Suitable accommodations had been provided by the local committee on entertainment and the members were taken care of without confusion as fast as they arrived.

The dove of peace came in with the President's gavel, remained during the session and departed in its company without being even momentarily embarrassed. However it must not be suspected that this happy condition was the result of the somnolent climate; because there was plenty of ginger in evidence for our esteemed friends the enemy. Dr. R. S. Copeland, President of the American Institute of Homeopathy appeared and delivered a most happy address which was enthusiastically received. This is as it should be and much good may be expected therefrom.

Personally we were delighted with the work accomplished by the Council of Medical Education and we believe it will have the hearty support of every thinking Eclectic. Now is the time for each and every one of us to get to work and to work hard for we all know that the proper sowing of good seed does not necessarily insure a plentiful harvest.

Each and all of the officers for the coming year was elected unanimously and without contest. Even the windy man from the Windy City got what he asked for. Long live Eclecticism!

OFFICERS OF THE NATIONAL FOR 1908-1909.

President, J. K. Scudder, M. D., Cincinnati, Ohio
 First Vice-Pres., J. T. McClanahan, Booneville, Mo.
 Second Vice-Pres., H. Harris, M. D., New York City.
 Third Vice-Pres., J. A. McKlveen, M. D., Chariton, Iowa.
 Recording Sec'y., W. P. Best, M.D., Indianapolis, Ind.
 Corresponding Sec'y., H. H. Helbing, M.D., St. Louis, Mo.
 Treasurer, E. G. Sharp, M. D., Guthrie, Okla.
 Next place of meeting; Chicago.

KANSAS CITY.

It has been said that after crossing the hot sands of the desert there is still Kansas City. The inference being that it is wise to pass through without hesitation and we have heretofore acted accordingly. Upon this occasion however, we of necessity tarried, and being yet alive, we wish to tell the tale.

In company with congenial friends and guided by our local entertainers we felt her street car system which requires more power than any other in the world; we saw her beautiful parks wide boulevards and palatial homes; we smelled her smelly smell, the most potent in the world; we marveled at the stupendous jag of her muddy river; and we admired the beauty of her daughters. Kansas City, that sits upon her seventy hills and rules the West, may her proud voice never be humbled and may her beauties never grow less!

STATE EXAMINATION GRADES

In the June issue of this Journal we published an article on "How to comply with the Medical Law in California," by Dr. J. Park Dougall, President California State Board of Medical Examiners, included in which was a list of the questions given at its last examination. It now appears that some of our readers desire to know how the applicants stood on the final reckoning. Briefly this information is herewith given tabulated in such a way as to be most readily available.

	Applicants.	Passed.	Failed.	%Passed.
Cal. Med. Col. (Eclectic).....	1	1	0	100
Coll. P. & S. Los Angeles.....	1	1	0	100
Coll. P. & S. San Francisco.....	9	2	7	22
Univ. of Cal., San Francisco....	2	2	0	100
Cooper Med. Coll.....	5	2	3	40
Univ. of So. Cal.....	6	3	3	50
Colleges located in other states.				
Allopathic	33	23	10	33
Osteopathic	1	0	1	0
Eclectic	1	1	0	100
Homeopathic	1	1	0	100

WHO USES THE ECLECTIC REMEDIES?

One of the principles of the early Eclectics was the selection of remedies to best serve their purpose, regardless of their source. In this way the fathers drew from Homeopathy, Allopathy, and wherever else came a remedy of value. In turn they endeavored to give back to the world from their own field, for they did not care to be considered as either parasites or sponges.

One of the misfortunes of the Allopathic physician of that date arose from the fear that a remedy introduced by an Eclectic should find place in his practice. Consequently, the very best remedies developed were for a long time out of his reach. This fact, if one speaks conservatively where harshness might be indulged, accounts for much human suffering that could have been avoided, and many unnecessary deaths. Although a few Eclectic alkaloids such as berberine and sanguinarine, a few resins such as those of podophyllum and cimicifuga, a few compounds such as compound sarsaparilla syrup and compound syrup of rhubarb and potash, had drifted into the outside, the introduction of specific medication found the dominant school resisting anything Eclectic in either name or setting. In some respects this is not surprising, for as a rule, a dominant party resists every outside innovation, be it good or be it better than the plank of their own platform.

No longer does the word Homeopathist or Eclectic in sound or print give them a shudder, nor do they accept that remedies effective in the hands of more than ten thousand cultivated, intelligent, successful, systematic practitioners that the people trust are to be ostracised because some men do not know how to successfully use them. It is perceived by these thoughtful physicians that seventy-five years have been systematically devoted to the development of the Eclectic practice of medicine and to Eclectic medicaments. No cry of nihilism is heard by Eclectics, be they of the rank and file, or be they leaders. As an evolution the process of drug study has progressed both as concerns remedies and in practice. Confidence in their drugs and success in their application are evidenced in the result of Eclectic medication. The physicians are gentlemanly, courteous, as they as freely give of their treasures as they have thankfully received of others. One by one, an Eclectic specific medicine, or valuable compound thus becomes known to a member of the Allopathic school; it helps the recipient and credits Eclecticism. The medical nihilist ceases to be an authority under such influences as these. We speak advisedly when we say that Eclectic physicians would be more than gratified could they know the esteem in which their medicines are held by a host of fair physicians of the dominant school who de-

pend on them in their practice, and who are fair enough to credit Eclecticism for their excellence, and who are fast learning that a system of medication that has progressively evolved for seventy-five years is not to be denied them in their necessity because the leaders of their school know little or nothing about either the practice or the remedies.

LLOYD in E. M. Journal.

A WISE CORONER'S JURY AND UNWISE DOCTORS.

By E. S. McKEE, M. D., Cincinnati, Ohio.

A New York coroner's jury in rendering a decision on a death of a Christian Scientist, recently appended the following which, if such is the case, is a matter needing attention: "And we find that a number of medical doctors in New York City make a practice to furnish death certificates for persons who die under so-called Christian Science treatment, thus enabling Christian Science practitioners to evade the laws of New York in their so-called treatment. And we respectfully call attention of the Health Department of New York City, the prosecuting attorney of New York County, and the Medical Society of New York County to the practice of such physicians, and request them to take the necessary steps to put a stop to such practices, and to punish the perpetrators thereof according to law." This very commendable action on the part of the coroner's jury, was due to the very decided stand taken by Coroner Acritelli, who, in his address before the coroner's jury, denounced in the most scathing terms those licensed medical practitioners who, for the sake of little money, disgrace the profession by making out death certificates for persons whom they never attended during life.

It seems that the greatest danger the doctor has to contend with is not contagious disease, or stress of weather, or the night highwayman, but that it is woman, designing, malicious woman, either disgraced, about to be, or desiring to be. In looking over the reports of deaths in physicians comparatively few are reported to be from contagious diseases. A reputable physician of Detroit has recently undergone an experience which makes the average doctor shudder and look about for a chaperone. Dr. E. L. Emmons was called to visit a patient whom he had never visited before. He found her in a boarding house complaining of the symptoms of a hard cold, for which he prescribed. He did not hear from her again till a week or so later, when he read in the papers that this woman had accused him of procuring an abortion on her. She was a janitress and was found by another physician abortion. Another physician was called in and the patient re-

suffering from sepsis, due to a blundering attempt to procure an moved to the hospital. The prosecutor's office was notified and the assistant prosecutor and a stenographer hastened to the bedside to take the ante-mortem statement. The priest having administered the last sacrament, facing death and in the presence of several witnesses, she said that Dr. Emmons had performed the operation, named the time, place and fee. But she did not die. A month later the case was brought to trial and instead of the ante-mortem statement she broke down and admitted that Dr. Emmons knew nothing at all about the case or her condition. She said she thought that she would be sent to prison herself if she did not accuse some one. Think of the fate of Dr. Emmons, had she died with this awful lie upon her lips. Laws should be passed making it a crime to solicit a physician to commit an abortion as well as to offer a bribe, and the laws should be made to better protect physicians from blackmail and accusations of this kind.—*Exchange*.

OBITUARY.

“Kent O. Foltz, M. D., was born at Lafayette, Ohio, Feb. 16, 1857, and died at the Seton Hospital in Cincinnati, June 6, 1908, of acute nephritis. He graduated from the Ashland High School in 1872, afterwards attending Buchetl College at Akron, O. Subsequently he made a special study of Chemistry and Botany, spending several years in the drug business. Later he attended the Western Reserve Medical School in Cleveland, and the Eclectic Medical Institute, graduating from the latter in 1886.

He attended several post graduate courses on the Eye, Ear, Nose and Throat in New York City. After several years of general practice he was elected to the Chair of Diseases of the Eye, Ear, Nose and Throat in the Eclectic Medical Institute at Cincinnati, which position he filled very creditably for the past ten years. He was President of the Ohio State Eclectic Medical Society, and a member of the National and Cincinnati Societies, and Associate Editor of the Eclectic Medical Journal. He was consulting physician on the Staff of the Seton Hospital. He was the author of two works; one on Diseases of the Eye, and the other on the Nose, Throat and Ear.

He was the only son of the late William K. Foltz, M. D., of Akron, O. His mother survives him. The funeral services were held at his mother's residence in Norwood, June, 8th. He was incinerated at the Cincinnati Crematory, and his ashes will be buried in the family lot at Akron, Ohio.”

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M.D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M. D., Los Angeles, Cal. President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909, E. R. Harvey, M.D., Long Beach, President; A. P. Baird, M.D., Auditorium Bldg, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. M. Blanche Bolton, San Pedro, Cal., President: Dr. P. M. Welbourn, 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held June 2, 1908, at the offices of Drs. Welbourn.

The meeting was called to order by the Vice-President, Dr. B. E. Fullmer, at 8:30 p.m.

The names of Dr. C. P. Higgins and Dr. T. J. Higgins were proposed for membership and were unanimously elected.

On motion of Dr. Solomon the Vice-President appointed a committee composed of Dr. J. C. Solomon and Dr. A. O. Conrad to draft resolutions of respect in regard to Mrs. Sarah A. B. Perce.

The paper for the evening was "Eclecticism, What Shall Its Future Be?" written by Dr. Peterson and read before the State Society. This paper was thoroughly discussed.

Dr. Aisbitt presented a clinical report.

Dr. Conrad was appointed to read the next paper and Dr. Solomon will present a clinical report.

Adjourned to meet at the same place on July 7th.

B. E. FULLMER, Vice-President; P. M. WELBOURN, Secy.

SOUTHERN CALIFORNIA ECLECTIC MEDICAL
ASSOCIATION.

The annual meeting of the Southern California Eclectic Medical Association was called to order by the President, Dr. J. Park Dougall, on May 5th. at 10 a.m. at the California Eclectic Medical College, No. 846 Lyons St., Los Angeles

The minutes of the semi-annual meeting, held in Pomona, were read and approved.

The very able address of the President was then delivered on "Organization and Legislation pertaining to Eclecticism," which was very well received.

Dr. Scudder then read a paper on "Pneumococcic Septicemia," freely discussed by every one.

The meeting then adjourned until 1:45 p.m., and then reconvened.

The next paper was read by Dr. Hubbard on "Necrosis of the Vertebrae;" discussion was led by Dr. Malaby of Pasadena, (a visitor introduced by Dr. Crance), followed by Dr. Welbourn.

Dr. Crance then read a paper entitled "Calomel" which was discussed by Drs. Munk, Perce and Solomon.

It was suggested, and unanimously agreed upon that Dr. Laws be accepted as a life member, without dues.

The treasurer's report was read, and nominations for officers for the ensuing term being in order, Dr. E. R. Harvey was nominated for President by Dr. O. C. Welbourn, seconded by Dr. Munk, and carried. Dr. Welbourn then nominated Dr. Laws for Vice-President, which was seconded by Dr. Perce and carried. Dr. A. P. Baird was then nominated by Dr. Perce for Secretary, seconded by Dr. Munk, and carried.

Dr. Perce nominated Dr. Munk for treasurer, which was seconded by Dr. Harvey and carried.

The following members were then elected for the Board of Censors: Drs. Munk, Solomon and Turner.

The meeting then adjourned, until the next meeting to be at the call of the President, Dr. E. R. Harvey.

H. F. SCUDDER, M. D., Sec'y.

RESOLUTIONS.

Whereas; Our Heavenly Father has laid the hand of death, and has called to her eternal home Mrs. L. A. Perce, beloved wife of our esteemed colleague and friend, and whose loss will be deeply felt by the many she has comforted and helped in her life time, and by the loving friends who knew the kind heart she possessed; therefore be it

Resolved; That we, the members of the Los Angeles County Eclectic Medical Society, hereby tender our most sincere and heartfelt sympathy to her husband, and hope that God will send him comfort and consolation in his great loss, and be it further,

Resolved; That this resolution be entered in the min-

utes of this Society and printed in the California Eclectic Medical Journal, also a copy thereof be sent to the bereaved husband, Dr. L. A. Perce.

June 20, 1908.

(Signed). J. C. SOLOMON, M.D.

P. M. WELBOURN, M.D.

A. O. CONRAD, M.D.

Committee.

SECRETARIES AND ECLECTICS ON STATE BOARDS.

**Alabama*—W. H. Sanders, Secretary, Montgomery.

**Arizona*—Ancil Martin, Secretary, Phoenix.

**Arkansas*—A. J. Widener, Secretary Ecl. Board, Little Rock.

**California*—J. Park Dougall, President Ecl., Douglas Bldg., Los Angeles, W. M. Mason, Ecl., Lodi.

Colorado—S. D. Van Meter, Secretary, 1723 Tremont Street, Denver.

**Connecticut*—John W. Fyfe, Ecl., Saugatuck, and T. S. Hodge, Torrington.

Delaware—J. H. Wilson, Secretary, Dover.

District of Columbia.—Eclectic Board, President, E. B. Benson, 824 Fifth Avenue, N. E., Washington.

Florida—S. F. Smith, Secretary Ecl. Board, Leesburg.

Georgia—M. T. Johnson, Ecl., Lawrenceville, and C. H. Field, Marietta.

Idaho—J. L. Conant, Jr., Secretary, Genesee, R. Truitt, Ecl., Cottonwood.

Illinois—J. A. Egan, Secretary, Springfield. W. R. Schussler, Ecl., Orland.

Indiana—W. T. Gott, Secretary, 120 State House, Indianapolis. M. S. Canfield, Ecl., Frankfort.

Iowa—L. A. Thomas, Secretary, Des Moines. A. C. Moerke, Ecl., Burlington.

Kansas—D. P. Cook, Secretary, Clay Centre. Ecls., W. F. Flack, Longton, and F. P. Hatfield, Grenola.

**Kentucky*—J. N. McCormick, Sec., Bowling Green. G. T. Fuller, Ecl., Mayfield.

Louisiana—F. A. LaRue, Secretary, 211 Camp Street, New Orleans.

Maine—W. J. Maybury, Secretary, Saco.

Maryland—J. M. Scott, Secretary, Hagerstown.

**Massachusetts*—E. B. Harvey, Secretary, State House, Boston. C. Edwin Miles, Ecl., Boston Highlands.

Michigan—B. D. Harrison, Secretary, 205 Whitney Bldg., Detroit. Ecls. Wm. Bell, Belding, and H. C. Maynard, Hartford.

- Minnesota*—W. S. Fullerton, Secretary, St. Paul.
Mississippi—J. F. Hunter, Secretary, Jackson.
Missouri—J. A. B. Adcock, Secretary, Warrensburg. Ecl., Ira W. Upshaw, 5015 Shaw Avenue, St. Louis.
 **Montana*—W. C. Riddel, Helena, Secretary.
Nebraska—E. J. Sward, Secretary, Oakland. Ecl., W. T. Johnson, Pawnee City.
Nevada—S. L. Lee, Secretary, Carson City.
 **New Hampshire*—Secretary Ecl. Board, W. H. True, Laconia.
New Jersey—J. W. Bennett, Sec., Long Branch. Ecl., D. P. Borden, Patterson.
New Mexico—J. A. Massie, Secretary, Santa Fe.
New York—C. F. Wheelock, Regents Dept., Albany. Ecl., Lee Smith, Buffalo.
 **North Carolina*—G. T. Sikes, Secretary, Grissom.
North Dakota—H. M. Wheeler, Secretary, Columbus. Ecl., S.
Ohio—Geo. H. Matson, Secretary, Columbus, Ecl., S. M. Sherman, M. M. Sherman, 224 Twentieth Street, Columbus.
 **Oklahoma*—J. W. Baker, Secretary, Enid. Ecl., E. G. Sharp, Guthrie.
 **Oregon*—B. E. Miller, Secretary, Portland. Ecl., H. E. Curry, Baker City.
Pennsylvania—C. L. Johnstonbaugh, Pres. Ecl. Board, Bethlehem, and W. H. Blake, Philadelphia.
Rhode Island—G. T. Swarts, Secretary, Providence.
South Carolina—W. N. Lester, Secretary, Columbia.
South Dakota—H. E. McNutt, Secretary, Aberdeen, Ecl., H. S. Graves, Hurley.
 **Tennessee*—T. J. Happel, Secretary, Trenton. Ecl., W. H. Halbert, Nashville.
Texas—G. B. Foscue, Secretary, Waco. Ecls., M. E. Daniel, Honey Grove; J. P. Rice, Alpine.
 **Utah*—R. W. Fisher, Secretary, Salt Lake City. Ecl., C. L. Olsen, 932 E. Fifth Street, Salt Lake City.
Vermont—P. L. Templeton, Secretary Ecl. Board, Montpelier.
Virginia—R. S. Martin, Secretary, Stuart.
 **Washington*—C. W. Sharples, Secretary, Seattle. Ecl., J. S. Hoxsey, Spangle.
 **West Virginia*—H. A. Barbee, Secretary, Point Pleasant.
Wisconsin—Ecl., J. V. Stevens, Jefferson, Secretary.
Wyoming—S. B. Miller, Secretary, Laramie.

* No reciprocity recognized by these States. Applicants for registration should correspond with either Secretary or Eclectic member mentioned above, regarding the particulars of either examination or reciprocity.

NEWS ITEMS.

Dr. H. G. Lamb, formerly of Pasadena, is now located at Coachella, Cal.

Died, Dr. J. E. Brooks, May 18th, at his home in Whittier after a lingering illness.

Dr. Alfred Connor and Dr. Ada Scott-Connor have opened up offices in San Jose.

Dr. J. B. Baker is resident physician at Whitter Springs Hotel, Whitter Springs, Lake Co., Cal.

Died; Mrs. C. P. V. Watson, wife of Dr. Watson, Pico Heights, Los Angeles, June 13th.

Dr. Rosa M. Sinclair has returned from Alaska and located for the summer at Dunsmuir, Cal.

Dr. Keegan, San Diego, has returned from New York, where he has been attending a Post Graduate School.

Dr. E. F. West is located at 1115 McAllister St., San Francisco.

Dr. C. H. Wheeler's address is 1601 Eighth Ave., East Oakland.

The address of "American Medicine" has been changed from 130 S. 15th St., Philadelphia, to 84 Williams St., New York.

Dr. August A. Guglieri has changed his address to 806 Vallejo St., San Francisco.

Dr. H. Helbing, St. Louis, announces his departure for Europe for special study, July 6th. He will return Sept. 15th.

Died; Dr. F. M. Range, at Roseville, Illinois, on May 14th, after a short illness. Dr. Range visited California about one year ago.

Dr. C. N. Miller has changed his address to 1922 High St., Fruitvale, Cal. The Doctor has not moved, but the streets have been renumbered.

The Pacific Surgical Manufacturing Company, Los Angeles, have moved their sales room from 212 S. Hill Street to 316-318 W. 5th. St.

Dr. J. A. Born, formerly of 2293 Howard St., San Francisco, Cal., has moved to Valleyford, Washington, where he has opened a Sanatorium for the treatment of chronic diseases.

Dr. R. O. Hoffman, graduate E. M. I., '91, formerly of Ohio, passed the State Board in April and is now located, rooms 1-2 Commerce Building, San Diego.

Dr. J. A. Munk, Los Angeles, left for Kansas City on June 11th. He will spend a few days in Topeka, Kansas, before going to the Convention.

Dr. L. A. Perce, Long Beach, President of the National Ec-

lectic Medical Association, left for Kansas City on June 10th. Before returning he will visit relatives in Missouri and Nebraska.

Dr. and Mrs. W. A. Wyman, Cheyenne, Wyoming, have returned to their home after spending six weeks in Southern California. They intend to stop over in Salt Lake City and Denver.

Died; Mrs. Sarah A. B. Perce, wife of Dr. L. A. Perce, Long Beach, May 29th, after a short illness of twenty-four hours. She had been an invalid for many years.

The program for the Annual Meeting of the American Medical Association has been received and the subjects of papers and addresses would indicate an interesting meeting. The Association met May 30 and June 1st, at the Auditorium Hotel, Chicago.

The Indiana Eclectic Medical Association sent out most attractive programs for their annual meeting in Indianapolis, May 26, and 27th.

Dr. J. A. Munk and Dr. J. Park Dougall, Los Angeles, attended the annual meeting of the California State Eclectic Medical Society held in San Francisco, May 19, 20 and 21st. Doctor Munk was elected President and Doctor Dougall, Secretary of the Society.

The Eclectics of California are to be congratulated upon the fine appearance of their official organ, "The California Eclectic Medical Journal," which is the outcome of MacLean's San Francisco Journal and Welbourn's Los Angeles Journal.—*Eclectic Review*.

You subscribers who have overlooked paying for the Journal must not forget that, unless you remit within four months from date of expiration of your subscription, we will, by law, be *forced* to discontinue sending your Journal. Please do not let us have to again call your attention to this fact, or worse still, be *forced* to drop you from our mailing list—you need the Journal and we need the money, therefore please be prompt.

The "Medical Era," St. Louis, Mo., will issue its annual series of Gastro-intestinal editions during July and August. In these two issues will be published between 40 and 50 original papers of the largest practical worth, covering every phase of diseases of the gastro-intestinal canal. Sample copies will be supplied readers of this Journal.

Dr. Henry Kloppe of Kerby, Oregon, writes that he will retire from active practice and wants a young man to take his place in a country practice. The Doctor has nothing to sell and will be glad to help the right man into a good practice.

Dr. J. C. Andrews, Los Olivos, sometime ago received a stroke of paralysis; hemiplegia of the left side. His friends are sorry to hear of his misfortune and hope for his speedy recovery.

The program of the National Eclectic Medical Association assures an interesting meeting.

Dr. O. C. Welbourn, Los Angeles, left for Kansas City on June 14th, to attend the National Association.

The Westlake Hospital has given up their lease at 950 S. Olive St., and will occupy the property at 2017-2019 Orange St., which is a recent purchase, after July 1st.

This property on Orange Street and the property owned on Alvarado Street adjoin and the Hospital now has delightful and more commodious quarters than heretofore.

Dr. J. W. Williams, a graduate of the California Eclectic Medical College, 1908, is taking care of Dr. Perce's office during Dr. Perce's absence in the East.

The annual announcement of the California Eclectic Medical College has been issued and Dr. Munk is deserving of congratulations. A copy can be obtained for the asking.

Prof. John Uri Lloyd and family of Cincinnati, Ohio, Dr. J. A. Munk and Dr. O. C. Welbourn, Los Angeles, formed a party leaving Kansas City on June 20th. They are making an extensive trip through New Mexico and Arizona; visiting the Cliff Dwellers and various points of interest. The trip will consume several weeks.

The Eclectic school has lost one of its staunchest supporters in the death of Dr. Foltz of Cincinnati. He was an excellent teacher, a writer whose articles and books contained not one superfluous word or sentence, and a man whose worth and integrity were recognized by everyone with whom he came in contact.

There are six public nurses supported by the city of Los Angeles, three district nurses under the College Settlement, and three school nurses serving under the city health officer. These nurses watch the poorer class of houses in this city, the Mexican settlement and other districts, and by keeping in touch with conditions often are able to forestall threatened epidemics by nipping them in the bud at the proper time. Their hours are from 8:30 to 5:00 each day and each nurse is paid by the city a salary of \$75 a month. They watch carefully for cases of tuberculosis, and are invaluable for their work among the maternity cases of the very poor.—*Southern California Practitioner*.

W. J. Bryan Introduces Professor John Uri Lloyd.—"An Evening in the Orient," was the subject of the illustrated lecture given by Professor Uri Lloyd of Cincinnati, O., last night, (May 2d), before the meeting of the Nebraska Eclectic Medical Society. The author was introduced by W. J. Bryan, who told of meeting Mr. Lloyd for the first time three years ago, when they were both under quarantine in the Suez Canal. The lecture

dealt with "Asia Minor." Dr. Uri Lloyd is said to possess the most complete library of literature on Eclectic medicine in the world. He is well known to the reading public as the author of *Stringtown On The Pike*, and other excellent novels.—*Medical Concensus*.

Venice, May 19.—A children's hospital, the only one in Southern California, is among the possibilities for this beach. Dr J. B. Sands has the matter of its founding under consideration and believes that such an institution would be a success from the start, as there is nothing of the kind in this part of the State, those in Los Angeles being institutions of a charitable character. In his opinion the climate and fresh air of the beach make an ideal site for a hospital of this kind, and he believes there would be a generous patronage for it should he be successful in working out the details and succeed in having such a building as is needed constructed.—*Exchange*.

Dr. Adolph Barker and Dr. Edward C. Sewall, diseases of eye, ear, nose and throat, have removed to Union Square, Butler building, rooms 408-411, entrance 135 Stockton St., San Francisco.

The Los Angeles Health Department is strictly enforcing the law of California that requires that every physician, nurse, or other person having the care of or knowing of any person affected with the following named diseases, shall report the same to the Health Officer; Bubonic plague, Asiatic cholera, typhus fever, glanders, anthrax, smallpox, membranous croup, diphtheria, scarlet fever, yellow fever, leprosy, measles, tuberculosis, typhoid fever, chickenpox, cerebro-spinal-meningitis, trachoma, uncinariasis (hookworm), whooping cough, mumps, dengue, dysentery, erysipelas, pneumonia, tetanus, and Manila, Cuban, Philippine, adobe or kangaroo itch. Of the above stated diseases the following are quarantinable: Bubonic plague, Asiatic cholera, typhus fever, yellow fever, smallpox, diphtheria, membranous croup, scarlet fever, glanders, anthrax, leprosy and measles.

READING NOTICES.

Where hysteria is the result of uterine troubles, Aletris Cordial RIO, combined with Celerina, is an excellent remedy.

BRIDGE THE GAP.

During the spring months, especially if the weather has been of the varied sort, the profession has its hands full of

cases recovering from respiratory ailments and which need particular care to steer them safely to normal health.

There is a distinct gap which must be bridged over. It is the gap between an actual pathological entity and complete health. If, during this interval the patient's strength is conserved and added to and he is properly protected, such a grave sequela as the grafting on of a tubercular process is avoided, and the patient progresses to a normal state.

To bridge this gap nothing is quite so serviceable as a palatable cod liver oil preparation. The representative of this class of remedies is Hagee's Cordial of the Extract of Cod Liver Oil Compound, and it is in constant use by the profession and with most gratifying results.—*The Medical Era*.

BRIGHT'S DISEASE.

Although the etiology of Bright's disease is still imperfectly understood, it is now known that the development of the malady is invited by an influence which may effect structural alteration of the renal tissues. It is also certain that those agents which arrest destructive changes of the renal tissues exert a curative influence in both acute and chronic Bright's disease. In fact, their administration during the incipency of the disease may suffice to bring about a complete cure.

Salvitae is particularly serviceable in the treatment of both acute and chronic Bright's disease; for it disintegrates uratic deposits in the tubules, invigorates the renal tissues, restricts the extension of structural alterations and exerts a reparative influence upon the involved areas. By acting directly upon the kidneys, it increases the volume of urine excreted. Its uric-solvent and eliminant properties preclude the development of uremic toxemia and its diuretic action causes it to be of added importance when dropsy is a disturbing factor.—“*American Journal Of Surgery*.”

AN ACTIVE DEPLETANT FOR PELVIC CONGESTIONS.

The presence of congestion or inflammation, whether acute or chronic, involving the female pelvic cavity, forms grounds for anxiety. Fortunately we have passed the age where operative conclusions are hastily made. A superficial study of the vascular supply of the female pelvic organs, with its vesico-vaginal and vesico-uterine plexus forming a complete network of anastomosis, is sufficient to show that local applications of depleting agents to the vaginal and rectal canals from both practical and theoretical ideals in treatment, which by purgative

action, reduces the stasis of engorged cellular tissue and lowers vascular tension, thus aiding nature in restoring normal glandular action. Glyco-Thymoline in contact with mucous membrane everywhere produces the following physiological activities in direct proportion to the vascularity of the structure. It stimulates the secreting cavity of glandular structures of all mucous surfaces, so that large quantities of watery fluids are exuded. On the law of exosmosis, which determines the passage of fluids through animal membranes from a rare to a more dense saline medium, this solution through its stimulating and hygroscopic property brings about a rapid depletion, drawing outwardly through the tissues the products of inflammation and materially reducing the danger of septic infection. The following clinical cases bear with interest on the subject: Chas. Le Cates, M.D., Philadelphia, Pa., reports: Mrs. A., consulted me in reference to her condition. Made a thorough examination and found uterus much enlarged, very turgid, degeneration of the endometrium, discharge rather profuse. Treatment: Hot vaginal douche 10 per cent. Glyco-Thymoline. I then irrigated the uterus with pure Glyco-Thymoline and tamponed the vagina with lamb's wool saturated with Glyco-Thymoline. This treatment was given twice and three times a week; improvement was rapid, congestion was reduced and patient discharged in six weeks. I see the patient frequently and there has been no recurrence of the former trouble.

PHYSICIANS, ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

PEACOCK'S BROMIDES.

Peacock's Bromides is the finest bromide preparation on the market. The salts entering its composition are far superior to commercial bromides. This is easy to prove and has been proven by analyses. Thus extemporaneous mixtures and substitutes are inferior to Peacock's Bromides; and, by the way, this accounts for the success achieved by Peacock's Bromides. Each fluid drachm contains fifteen grains of bromides.

The frequent, urgent desire to urinate in old men, with some mucus discharge, is relieved by a teaspoonful of sanmetto every three or four hours.

NOCTURNAL INCONTINENCE OF URINE IN CHILDREN: Add eight drops of belladonna and eight drops of tinct. nux vomica to eight ounces of sanmetto. Of this, one-half to one teaspoonful is given before each meal and at bedtime.

The California Eclectic Medical Journal

Vol. I

AUGUST, 1908

No. 5

Original Contributions

ELECTRO DIAGNOSIS.

A. O. CONRAD, M.D.

Read Before the Los Angeles County Eclectic Medical Society.

Electro Diagnosis includes an examination of the electrical reaction of diseased nerves and muscles and a comparison of the results with the reaction of corresponding healthy parts. In order to do this we must understand the Normal Electrical Reaction, which consists of four distinct reactions, as follows:

- One at closure and one at opening with the cathode pole; and
- One at closure and one at opening with the anode.

In order to test these reactions we must have a battery of at least 20 good cells or shunt resistance when lighting currents are used, a rheostat, milliamperemeter and suitable electrodes consisting of one known as the indifferent of large size, 3x4 in., and several smaller ones known usually as electrodes of Erb, which consist of 1 to 3 small ball pointed electrodes of from $\frac{1}{8}$ to $\frac{1}{2}$ in. in diameter covered with wash leather or other conducting material. The large or indifferent electrode is placed upon the sternum or any indifferent region while the smaller ones are placed upon the nerve or muscle to be tested.

In testing by Galvanic, say the ulnar nerve, place the large electrode over the sternum and the small one over the ulnar nerve at any part of its course, adjust the commutator so as to have the large electrode positive and the small one negative, now open and close the circuit gradually increasing the current until a slight contraction is produced, which in health is always first produced by closing the negative and is known as the cathode closure contraction; C. C., now record the number of milliamperes of current used and still increasing the current observe when the next contraction takes place and in health we find it to be upon closing the positive or anode, A. C., by consulting the milliamperemeter we find that it takes about double the current that cathodic closure took, now proceed, and the next contraction with a stronger current will be anodic opening contraction and the last to appear is cathodic opening contraction.

The reaction of degeneration consists of:

1. Loss of nerve irritability to both currents.
2. Loss of Faradic muscular irritability.

3. Gradual increase of galvanic muscular irritability.
4. Serial changes, the anode taking the place of the cathode; C. C. C. process less than A. C. C.
5. Modal changes—the contraction being tardy, sluggish and prolonged; this is pathognomic of degeneration and in its absence degeneration should not be pronounced. In partial reaction of degeneration, nerve irritability is preserved or may be somewhat diminished for both currents, faradic muscular irritability is intact or slightly diminished, while to galvanism the muscles respond with the serial and modal changes of reaction of degeneration; in every case of partial degeneration careful investigation will always disclose some alteration to the faradic current.

Increased irritability is shown by contraction by a current of less strength than normal; observed in early stage of locomotor ataxia, tetanus and chorea.

Diminished irritability is shown by contraction requiring a greater current strength than normal, and coincides with the degeneration of nerve structure. Diminished irritability to both currents occurs in Leucomyelitic disease of long standing and in cerebral palsies in later stages. The existence of muscular degeneration is best detected by the static spark, next by rapidly interrupted coil current and if these fail by the galvanic current.

The importance of reaction of degeneration lies in its connection with degenerative changes in the neuro muscular area exhibiting its phenomena, when present it always means nutritive disturbance in the nerves and muscles involved, always points to a disease having a neurotic origin, the seat of which is in the ganglion cells of the anterior or posterior cornua, in the nuclei of origin for the cranial nerves, in the nerve trunks or in the motor end plates. It never occurs in purely cerebral palsies unless the nuclei of origin of the cranial nerves are involved, is never present in disease of the white substance of the cord unless there is secondary involvement of the anterior cornua, not present in atrophies of purely muscular origin, from disuse, or from inflammatory affection of joints, hysteria or shamming. A hopeless case of hemiplegia of cerebral origin may present normal reaction for years, while a case of facial paralysis, exhibiting complete reaction of degeneration may get completely well in a year as the trouble was probably functional disease of the nerve trunk and not of the nucleus of origin of the cranial nerve. Normal electrical reactions depend on the normal function of the ganglion cell of the anterior cornua of the spinal cord; or, they may depend on the nucleus of origin in the cerebrum for the cranial nerves, and also on the normal

function of the motor nerves that communicate the influence from the ganglion cell to the periphery. The presence of reaction of degeneration means a disturbance in the nutrition of the motor track; beginning with the ganglion cell in the anterior cornua and including the motor nerve trunks and motor end plates within the sarcolemma and consequently the reaction of degeneration occurs:

1. In all paralysis caused by disease of the ganglion cells of the anterior cornua of the cord or of the motor nerves of the bulb.

2. In all paralysis produced by disease of the anterior roots and of the peripheral nerves, where the trophic influence of the anterior horn ganglia fails on account of the interruption of conduction, peripherally, in the nerves and muscles. The reaction of degeneration occurs in poliomyelitis acuta, chronic spinal progressive muscular atrophy, amyotrophic laterals sclerosis, lesion of a section of the gray anterior horns from hemorrhage, tumor, etc., bulbar paralysis in traumatic lesions of the peripheral nerves, in neuritis of all kinds, in rheumatic paralysis, in primary multiple neuritis, toxic paralysis, etc.

The presence of reaction of degeneration points directly in opposition to cerebral paralysis, paralysis from lesion of the pyramidal tract in the spinal cord, further against myopathic paralysis (possibly partial), and lastly against functional or hysterical paralysis or shamming, provided that there is no complication with disease in which it does occur. Absence of reaction of degeneration excludes disease of the lower motor neurons but does not exclude even grave disease of the cerebrum.

The presence of reaction of degeneration demonstrates disease of the lower motor neurons or nucleus of origin of cranial nerves and disease of the cerebrum can most always be excluded.

Reference to a few diseases will help to illustrate more fully the mode of Electrical Diagnosis, especially in diseases of the Neuro-muscular system.

These diseases can be divided into a number of divisions, as follows:

- (A). Primary Myopathies or muscular affections, not due to any apparent lesion of the nervous system. Of these there are two types:

1. Pseudo-hypertrophic paralysis, (Duchennes Disease) a disease of infancy occurring in the lower limbs in which the muscles are apparently hypertrophied, but the contractile elements of the muscular fiber are really atrophied and the hyperplasia of the interstitial connective tissue giving the child an appearance of strength.

2. Progressive atrophic myopathy, (Landoucy Dejerine), also known as Facio Scapulo-Humeral form, beginning in the face of both young and old causing the so-called myopathic face; the shoulders are next affected, the disease then progresses downward.

In these two forms there is no reaction of degeneration, the case being simply one of primary myopathy with no nerve lesion.

Other types of atrophies, as the Charcot Marie and the Aran-Duchenne type, belong to those in which there is a nervous lesion. Muscular atrophy often follows contusions, wounds and fractures. Here we get hypo-excitability to both currents and reaction of degeneration is not present unless the nerve is injured. We likewise do not have the reaction in myalgis, as lumbago, torticollis except where complicated by atrophy due to neuritis.

(B.) Affections of the peripheral nerves passing from the nerve centre to the muscles, as the various forms of neuritis, polyneuritis, and peripheral paralysis which are usually due to the destructive alteration of the axis cylinders, or of the myeline sheaths of Cellulifical or Cellulipital nerves; the lesions being usually located in the smaller branches and caused either by cold or some toxic or infectious agent. All varieties are characterized by reaction of degeneration more or less complete.

Peripheral paralysis when due to neuritis shows the reaction of degeneration from six to eight days after the commencement of the paralysis. If, however, it be of central origin, we do not get the reaction, but only a quantitative modification for both currents.

(C.) Lesions of the nerve centres of which there are two divisions: (1) Lesions of the Cerebral or Cerebellar tract more particularly the white substance of the cord, as in locomotor ataxia and the various forms of Leuco-myelitis. In these cases the reaction appears late in the disease, and only after the conducting paths are entirely destroyed.

(2). Lesions of the cord substance itself, as Poliomyelitis, progressive muscular atrophy, (Aran Duchenne) etc., in which the lesion is due to affections of the anterior horns of the cord, caused by sclerosis, acute inflammation trauma and hemorrhage..

In these cases the reaction comes on before the atrophy, as the conducting fibres in the cord are affected.

In acute diffuse myelitis the reaction is of importance, as the careful testing of the muscles is necessary in order to determine the prognosis if we find only a diminution to its faradic excitability, without inversion of its galvanic formula, we may

affirm that the muscle will regain its power in from 3 to 5 weeks. If, on the other hand, the muscles show complete reaction of degeneration or only longitudinal reaction, the atrophy is fatal.

Paralysis due to cerebral hemorrhages show in the early stages increased excitability to both currents, most marked in the second or third week, but later on we find hypo-excitability to both currents, but no reaction of degeneration.

(D). Lesions affecting the nerve centres unaccompanied by any appreciable lesion to which belong the various forms of neurosis and psychosis will be discussed in a later paper.

A SUMMER OUTING.

J. A. Munk, M.D., Los Angeles, California.

In an article written in the summer of 1905 and published in this Journal, I described a trip overland by wagon into the White Mountains of Arizona. The country traversed on our present trip, although different in a way from the other, is but a continuation of the same country north over a portion of the Painted Desert. There is comparatively little of the frontier left and even the small remnant that remains is rapidly disappearing. This region is seemingly as primitive and wild as it ever was and has never even been fully explored. It is not easy to describe the country to any one who is unacquainted with it. Everything is different from what is found elsewhere and to call it the desert is enough to condemn it in advance to the average person. But both the country and climate, if once seen and felt, have a fascination that cannot be resisted and act as a lure to bring the wanderer back to the land of Heart's Desire year after year.

To see the country at its best it must be viewed away from the railroad. Wherever the railroad touches, civilization goes and spoils nature. The land must be seen in its virgin state to see what it is like and to see it thus, it is necessary to travel far from the iron trail. To start on such a journey 100 miles or more on horseback or by wagon, the long road stretches ever away in the distance and is seemingly without an end. Mile after mile of the road passes by, yet every bit of the way is interesting, until after many hours of weary travel the desired goal is reached. Half the charm of such a trip is in the privations and hardships endured, yet neither need cause any real suffering.

A wind sometimes blows on the desert that is called a sand storm. It piles up the loose sand in great dunes and fills the atmosphere with a fine dust that covers everything. The wind is unpleasant while it lasts, but never does any damage. It is, in

fact, beneficial as, after the storm is over, the air is unusually sweet and pure.

No more delightful journey can be taken for a summer outing than a trip on the Colorado Plateau at an elevation of from 5,000 to 8,000 feet above sea level. The altitude and clear atmosphere make the weather ideal for summer travel and camping out. The sun shines hot at midday, but the shade and the nights are always deliciously cool.

Our party consists of Professor and Mrs. John Uri Lloyd and their two daughters, Annie and Dorothy, of Cincinnati, Ohio, Dr. O. C. Welbourn of Los Angeles, Cal., and the writer. The trip was planned sometime in advance of starting and our party left Gallup, New Mexico, early in the morning of June 24th, 1908. Our conveyances are two road wagons and our destination Ganado, Arizona, sixty-five miles distant, the Indian trading post and home of Hon. J. L. Hubbell. The object of our trip is to visit the Cliff dwellings in Canyon de Chelly and the Moqui villages that lie farther on, on the Painted Desert. I made this same trip in 1902 and was so much charmed with what I saw, that I then decided to repeat the trip at the first opportunity, and now deem myself doubly fortunate to be here again and with such pleasant company.

Arrangements were made with Mr. Hubbell to take care of our party during the entire trip. His teams met us at Gallup and will return us there when we are ready to leave. The itinerary is so planned that we have nothing to carry or care for but our personal effects. At all the stopping places beds and board are provided in advance. Not having to haul any heavy baggage on our wagons we are able to travel rapidly from place to place. The program which Mr. Hubbell has adopted for our entertainment is unique for desert travel and different from what is usually followed, but is highly satisfactory. It combines the pleasure of camp life with some of the comforts of home and makes the trip more enjoyable and less strenuous than under the old method. Hubbell's is the only stopping place in a radius of fifty miles and is much sought after by travelers, scientists and artists who come here to see, study and paint the desert.

Our first stop after leaving Gallup was for luncheon at St. Michaels Mission and school, which are conducted by the Franciscan Fathers. The mission was established ten years ago, with the object of giving instruction to the Navajo Indians. The road from St. Michaels to Ganado is over plains covered with wild sage and through forests of juniper and pine. We arrived at Ganado in the evening and were cordially welcomed by our genial host. Mr. Hubbell does not keep a hotel, but no one is ever

turned away from his door. To his guests he is a royal host and is large hearted and generous to a fault. Whoever knows him, knows a Prince among men.

We went from Ganado to Chin Lee, which is the mouth of Cañon de Chelly. The distance traveled was fifty miles over a splendid natural road. The vegetation along the route is all of the scrub variety and about the only wild life seen were a few birds, cottontails and jackrabbits. At Chin Lee we outfitted with an additional wagon, drawn by four horses and an Indian driver, filled with bedding and provisions for camping out in the cañon. The cañon is a deep cleft in the rocks with perpendicular walls and a sand wash bottom. The deep sand made hard pulling for the horses, but we took our time and after going fifteen miles, safely reached our camp ground near the head of Cañon del Muerto, which is a branch of Cañon de Chelly, where are all the requisites of a good camp—grass, wood and water.

All day long we were in sight of towering cliffs from 100 to 1,000 feet high and the houses of an ancient people clinging like swallow's nests to the rocks above. These houses are built of stone and contain some very good masonry. They are located on ledges of rock and in shallow caves on the face of the cliffs, from a few feet, to 200 feet above the floor of the Cañon. Some of the houses can be readily entered, but the most of them are beyond reach and inaccessible. There are many of these interesting ruins, some of them already explored, but others seemingly untouched. Work was done at the Antelope House in Cañon del Muerto two years ago and much valuable archeological material found, which is now on exhibition in the Southwest Museum in Los Angeles. Near the head of this cañon and nearly two miles above our camp stands the Mummy House which is, perhaps, the best of this group of Cliff dwellings. Although perched on a high cliff the house is approachable, so we entered it and spent some time inspecting its numerous apartments. The environment gave us a new sensation as to the former occupancy and subsequent desertion—who were the people, why did they live there and what was their fate? It is a weird and uncanny spot in which faint voices seems to break the silence, as they echo from cliff to cliff and give the impression that the spirit of the departed still linger about to guard the place and keep it from desecration.

Who the cliff dwellers were nobody seems to know. Some individuals profess to believe that these ruins are very modern, but furnish no proof. If modern, as claimed, their identity ought to be easily established. These houses were in ruins when the Spanish first explored the land in 1540. The Navajos have

a legend that the Cliff dwellers all perished in one day by a hot wind. If this be true they were probably overcome and killed by some poisonous gas that was emitted from the San Francisco mountains, while they were in eruption.

All of the cliff houses are single but are sometimes communal in construction. Wherever a suitable niche was found in which to build a house it was done, if permanent water and a patch of tillable land were also conveniently near; but, preferably, always in some secluded and inaccessible spot. The theory has been advanced that the cliff dwellers built as they did in self defense and as a protection from their enemies. Although safe from assault yet being away from their source of supplies of water and corn at the foot of the cliff, a besieging army would have quickly starved them out. The cliff dwellers, it would seem, were in much greater danger of dying from broken necks by falling off the cliffs, than from being killed by an enemy. Many of the houses stand at the foot of the cliff and are not protected, yet all are in the same state of ruin. The only rational reason why these people lived on the cliff is on the theory of choice. For some unknown cause they lived there and for such a reason only did they cling to their aerie homes.

The Navajos who now occupy the land, are a pastoral people leading a nomadic life, who never live in villages and often change their place of habitation. They tend their flocks of sheep and goats, have many horses and a few cattle. They till the soil and grow corn, beans and pumpkins. They also have peach orchards and are very fond of the fruit. The Navajo is a fine type of Indian and makes a picturesque appearance. He is tall, straight, lithe and sinewy and his native costume consists of a colored tunic and white cotton trousers. He wears moccasins and ties his hair back out of his face with his handkerchief. The tribe is large and the number steadily increasing.

After doing Cañon del Muerto we turned into Cañon de Chelly where are many other interesting cliff dwellings. The best of these is the Casa Blanca or White House, which is a fine looking structure as seen at a distance, but is beyond reach. We visited another fine cliff house in an adjoining cañon but this, also, was out of reach without the aid of rope or ladder and these we did not have. Traveling about in the cañons and camping out in the very heart of the wilderness was enjoyed by all, but particularly by the ladies, who never before had had the experience of sleeping out of doors on beds spread upon the ground. The weather was perfect which added greatly to the success of the expedition.

Professor Lloyd has a theory of world building that is new

to science. He believes that in many places the physical features on the surface of the earth like mountains, valleys and cañons, were made by geyser action in an age of the world when geyser action was general and worked on a large scale. Geyseration explains perfectly the stratification of rocks as they are found, which sedimentation does not do. In Etidorpha he foretold the existence of argon and radium before they were discovered. In like manner his theory of geyseration may also be proven and established by science.

Profesor Lloyd is also a believer in coffee and drinks it regularly three times a day. Most persons who drink it as he does, have to lie awake nights thinking out a plan for going to sleep, but he sleeps the whole night through without a break and then some.

While stopping at Chin Lee Prof. Lloyd wisely decided to become a modern man by shaving off his mustache. The act was enthusiastically applauded by the crowd, by giving three cheers and a tiger. It is estimated that this trip and the loss of his mustache, have added twenty years to his life; ten years in looks and ten years more in longevity.

Dr. Welbourn takes kindly to a life in the wilderness and endures the discomfort of desert travel with the heroic fortitude of an old campaigner.

Our party is remarkable in that there has not been heard a single whimper nor one word of complaint from any member of the party. Usually, on such a trip, there is at least one disgruntled person to make it disagreeable for the others, so we are fortunate to escape such an unpleasant experience.

Tomorrow we start for Moqui land.

Ganado, Arizona, July 5th, 1908.

CALOMEL.

A. J. CRANCE, M.D.

Read before the Southern California Eclectic Medical Association.

I have taken the drug calomel as the subject for a few remarks since being requested to choose something that would cause a discussion. In my mind there is nothing that will stir up as much commotion in an Eclectic camp as the bringing up of an old enemy like calomel. Now it is true as we all know that our worst enemies may become our best friends if we approach them in the spirit of right direction. Personally, as probably

the case with many others of Eclectic persuasion who left the Alma Mater in years gone by, we were taught to abhor and shun Mercury in all forms as a dire poison capable of creating only harm and certainly never good.

This presumption may have been well founded in earlier days when its indiscriminate use and routine was the order of its administration regardless of its possible deleterious after effects arising from repeated and massive doses. The modification of its application in a legitimate way lends a different aspect to the uses and benefits derived from the drug. To my opinion it is one of the best agents at our command as an intestinal antiseptic and stimulant to functional glandular activity that we possess. I am not going to "sic another man's dog" to best my own, nor am I going to suggest to the average allopath how to give it, presuming that the majority have long since overreached its best effects and have now moderated to its common sense use, but ask that those of Eclectic proclivities who are still prejudiced to employ it where the so-called substitutes for mercury in the vegetable kingdom fail to give anticipated results, as may occur with our podophyllin, leptandrin, jalapa, iris, chelidonium, chionanthus and a host of others, all of which are good medicines and I believe recognized by the liberally inclined of all schools of practice. That they, however, will take the place of calomel in all instances is fallacious. Those of us using the mild chloride of mercury in fractional doses to stimulate glandular secretions and follow with aperients get only good results without any danger of cumulative effects from subsequent want of elimination. Prior to the time I first began the use of calomel, or, if you please, before straying away from my early teaching, I often felt the need of some intestinal antiseptic of a stimulating nature for bowel infections with children so prevalent during the hot season in the East, that I was at a loss what to apply if the old fashioned but good neutralizing cordial, castor oil, perhaps both in combination or the white liquid physic, or podophyllin failed me; agents frequently given as preparatory, and as an adjunct to other drugs. To argue that the valuable remedy echinacea supplants mercury in syphilis or that it is the most universal antiseptic for general septic processes is akin to overburdening a faithful beast; it has its legitimate sphere of usefulness, but the fact of the matter remains that echinacea has not been before the profession, in general, long enough with an unbiased experience to determine its virtues with positiveness as an unlimited constitutional antiseptic, and certainly cannot be classed as a germicidal agent with mercury.

I am willing to accede that calomel as a drug has been

abused for its best effects, and that harm has been produced from over dosage but that does not alter the proposition that it is a good remedy if judiciously handled besides difficult to supplant by substitution when indicated. If we are true to the term "Eclectic" our prejudice should not be so strong as to refuse to entertain the thought of employing any agent, even calomel with its past history of abuse; the fault of which is not of the drug itself but of the hand who dispenses it, and is no more injurious than alcoholics, cocaine, morphine, etc., a class of narcotics that most all physicians employ with a free hand regardless of possible future habits arising therefrom. Personally I can say the oftener I have occasion to use the mild chloride of mercury the better I like its effects, and can recall incidents in past practice where I now feel that my pre-existing prejudice refrained me from doing full justice to my patient owing to views entertained through early training which forbade its use.

DUPLEX UTERUS.

DR. O. C. WELBOURN, LOS ANGELES, CALIFORNIA.

Read before the Eclectic Medical Society of California.

This term is used to designate a true double uterus; each segment of which is a perfect unicornus uterus, more or less, united to its fellow along the sides in juxtaposition. In a well marked case double vaginae are also present. The cause of the malformation is the independent development of the two ducts of Müller. It is usually coincident with extrophy of the bladder imperfect cloacae, atresia of the anus and like deformities. Nearly all of these cases are nonviable monsters, although some of them live for several months. A few cases have been reported as found in women who are otherwise well formed, but doubtless these are very rare. In 1872 Olliver reported a case of a woman who was forty-two years of age and had given birth to six children. In 1883 Heitzman reported a case in an unmarried woman twenty-three years old. The writer was so fortunate as to meet one of these cases recently and takes this opportunity of placing the findings on record.

This woman came to my office by appointment for an examination. The name and address which she then gave conveyed no information to me and I have forgotten both since. She stated that she was twenty-five years old, that she had been married six years but never had been pregnant. Puberty had come on at the proper time and her menstrual periods had been normal in every way. I was unable to elicit a history of symp-

toms, indicating a probable pelvic inflammation. In fact, so far as I was able to learn, she had no symptoms indicative of anything. She thought she must be diseased because she had never been pregnant and this she concluded was because she had never experienced sexual orgasm. She expressed a desire for the former.

A physical examination revealed a vulva which was normal in all of its parts for a married woman who had not borne a child. There were two vaginae. The right one had its entrance in the median line and was of such length, circumference and color as would be expected, with the history given. The left one had its entrance in the left wall of the right, just inside of the remains of the hymen. Its size and color indicated a virgin canal. Both vaginae were parallel and extended in the usual direction, with a thick, even elastic septum throughout their entire length. While this septum was found a little to the left I suspect that previous to copulation, it was in the median line. At the vault of each vagina was a uterus. The cervix and os of each one being normal as to color and secretion, but the right was a little larger than the left, and both of them crowded the septum. The right uterus was also a little larger than the left. They measured two and one-half and two and one-quarter inches in depth respectively. No opening was found between their cavities. The bimanual examination revealed two uteri firmly united throughout their lower thirds. This septum, if it can be so called, was continuous with the vaginal septum. There was found one tube and one ovary in each iliac region. Both tubes and ovaries appeared normal in their size and consistency, and without disease. In fact there was no evidence of disease in any of the pelvic organs; neither was there evidence of other malformations.

This case was very interesting to me, being the most perfect example of a double sexual apparatus in woman that I have ever examined.

CATARACT AND GLAUCOMA.

By W. W. KERR, M.D., FULLERTON, CALIFORNIA.

Read before the Los Angeles Academy of Optometry and Ophthalmology.

As optometrists we are not concerned with the treatment of the various diseases that afflict the human eye, nor with their causes, only in so far as these may assist in their diagnosis, this paper will be confined mainly to symptomatic evidences, first of Cataract and then of Glaucoma.

Cataract is simply an opacity of the crystalline lens, and seems to be the only disease that organ is subject to.

It is divided generally into *complete* and *partial* cataract, although there are many subdivisions; too many to be treated fully in this paper. *Complete Cataract* is that form of the disease which, when fully developed, occupies the entire, or nearly entire lens, and is confined to persons who have reached the presbyopic age, and hence is called *Senile Cataract*. It is rarely seen in persons under forty-five years of age. In its incipency, *Senile Cataract* is found only near the margin of the lens in the cortical layers, sometimes in the form of sectors with their bases toward the equator and their points toward the center, and sometimes there may be no actual opacities, but simply some fine lines or specks, but a little later the opacity will appear. At this stage its presence is not easily discoverable. It can only be done by transmitted light through the ophthalmoscope, or by focal illumination with an expanded pupil, and not always then. In the first instance the ophthalmoscope gives to the sectors a black appearance, and by oblique illumination, a grayish tinge. In *Senile Cataract* the nucleus is not affected by the cataract itself, but becomes sclerosed, or hardened, which gives it the not very scientific name of "hard cataract," but as this is also a physiologic condition attendant upon advancing years, the two conditions may be easily confounded, but in the latter case, oblique illumination will show that there is no opacity.

When a *Senile Cataract* becomes complete, or "ripe" as it is called, the hardened nucleus gives its center a yellowish appearance, while the margin will have a grayish white tint. As the lens becomes opaque it is apt to swell, increasing its refracting power, and causing myopia in an emmetropic eye, but when the whole of the cortex becomes cataractous, the swelling begins to subside.

After the cataract has become mature, if the lens is not removed, it will pass on to hypermaturity, in which case there will be a disintegration of the cortical substance, or it may dry up and form with the nucleus an indurated disc.

Partial cataracts are nearly always congenital, and usually non-progressive, although children are sometimes born with opaque lenses.

Several names are given this class of cataract, determined usually by the location of the defect. We have the *Zonular* in which the very center of the lens is clear, as we may see by oblique illumination, outside of which is a cataractous zone, and outside that the layers are transparent.

Pyramidal Cataract attacking the anterior pole of the lens. *Fusiform*, extending from the anterior to the posterior pole. *Posterior Polar*, a star shaped opacity attacking the innermost layer of the posterior cortex, sometimes progressing to completeness, and with a prognosis not favorable to recovery even by extraction on account of its deeply seated location.

Traumatic Cataract, as its name implies, is the result of external injury. Any blow which will penetrate the capsule and permit the entrance of the surrounding liquids, will produce this form of cataract.

As has been said, we reach the margin of our sphere as optometrists when we are able to detect the presence of cataract in any of its forms, without differentiating the particular forms, and for this purpose we have transmitted light, focal and oblique illumination, which is always sufficient to determine its presence.

GLAUCOMA.

In this disease we have a terrible affliction which, while of comparatively rare occurrence, is nevertheless one with which we may be confronted at any time, and it behooves us to be so familiar with its indications that we may be able to detect it in its incipency.

The chief symptom of Glaucoma is increased intra-ocular pressure, manifesting itself in super-normal hardness of the eye ball. It matters little to the practical, everyday optometrist whether the glaucoma causes this internal pressure, or the latter causes the glaucoma, the fact still stands; the abnormal hardness is there and furnishes us a never failing diagnostic symptom of its presence, it matters not what form it may assume, or what stage of progress it may have reached. It is generally conceded that it is the result of a stoppage of some of the avenues through which the effect intra-ocular matter escapes from the eye, the principal one being Schlemm's Canal, and the filtration angle at the junction of the outer margin of the Iris with the Cornea, and the resultant engorgement of the interior of the eye.

There are two kinds of Glaucoma: primary and secondary. In the former the disease comes on without any apparent disease in the eye, while the latter is always the result of some pre-existing trouble.

Primary Glaucoma is of two kinds; chronic and acute. It is generally binocular, but commonly appears in one eye at a time, sometimes with an interval of months.

In the chronic form the disease comes on slowly; little or no pain is felt; the external appearance of the eye is normal, with perhaps more or less shallowness of the anterior chamber,

while the pupil reacts readily to light. The abnormal hardness of the eye ball is always present, but not always of the same intensity; frequently it may be almost if not quite normal. An ophthalmoscopic view, if the intervening media, will permit such view, will show the optic disc very much cupped, sometimes to a depth greater than the thickness of the Sclera, interfering with the arterial circulation, owing to the abrupt obstruction furnished by the margin of the deepened cup. The optic disc being the point of least resistance, the bulging will be greatest in that direction, and one effect of that will be such a stretching and thinning of the Choroid as will allow the whiteness of the Sclera to show through forming what is called the Glaucomitous Ring around it.

Acute Glaucoma comes on more rapidly, is always attended with much pain; the hardening of the eye ball is more apparent; there is a perceptible diminishing of the depth of the anterior chamber; diminution of the refracting power of the eye, and a rapid decrease of the amplitude of accommodation, rendering frequent changes in the presbyopic correction, (and it must be noted here that Glaucoma, like Senile Cataract, is peculiar to aged persons); opacity of the Cornea and the aqueous and vitreous humors; dilatation and immobility of the pupil, giving it an oval shape with the long axis vertical; an iridescent ring showing around bright lights, and the swelling of the veins in the Sclera owing to the pressure on the vortico-se veins.

Of secondary Glaucoma it is only necessary to say that, while it is a result of some pre-existing disease, it presents so many of the characteristics of chronic glaucoma, that we may determine its presence by the same means, while we may not always be able to differentiate it from the other forms, and this is the great point with the practical optometrist.

In all the forms and in all the stages of Glaucoma, it is gratifying to know that there is one symptom always present by which we may detect it, and others from which we may suspect it, and that one is the hardening of the eye ball, but yet there is a delicacy attending the diagnosis, that if not acquired, will render it useless. I believe that the only accurate way of determining the presence of Glaucoma is by palpating the eye ball through the upper eye lid by the alternate pressure of the first two fingers of the hand, but how are we to know what is normal, and what is extra normal tension? The number of cases of Glaucoma that will be apt to come under the observation of the average optometrist, will be so few, that he can never acquire the necessary delicacy of touch to distinguish closely the different degrees of tension. Even normal tension is not a well defined

condition, some normal eyes differ in this regard. A tension scale has been devised in which the letter T is made to represent normal tension, and $T + 1$, $T + 2$, and $T + 3$ the different degrees of hardness, while T minus 1, 2 and 3 represent different degrees of sub-tension, or softness exceeding normal, but how are we, with the limited practice that will come to the busiest one of us, ever to be able to distinguish between these several degrees? We cannot do it, but this we can do, we can practice palpating the eyes of all the old people that come to us for refraction, as well as the younger ones who have undoubtedly normal eyes in this regard, until we become so adept in this method of diagnosis, that we will be able to detect any variation from our standard of normality, that will beget at least a suspicion of Glaucoma, and if even a suspicion has been aroused, we should promptly turn the case over to the tender mercies of an oculist.

STOMACH LAVAGE.

J. D. McCANN, Monticello, Ind.

The stomach is an organ abused from the time we are able to steal sweets from mother's pantry and apples from our neighbor's orchards, until such time as we bid farewell to the good things of this life. It would be hard to conceive of anything that a boy, between the ages of five and twelve, could not eat and digest. In fact he is the envy of many an elderly person whose stomach is the cause of continual torment.

How to treat this or that stomach depends not alone on the stomach, but upon the nervous make-up of the individual patient as well. Problems of mathematics are easy compared with the solution of the various gastric complications.

We have so many conditions to consider and so many remedies with which to meet said conditions, that we marvel at our own inability to cope with some of the abnormal functional manifestations.

When we fail with our numerous medical remedies, let us try the virtues of water, with which nature has so liberally provided us. Wash out the offending organ and rejoice with the patient at the result.

A stomach that accumulates a vast amount of slimy mucus, causing nausea, a distressed feeling and a loathing of food, etc.,—a stomach tube, a fountain syringe, a quart of borated water and you have the material at hand to relieve the above mentioned stomach trouble.

The thing now most important is the passing of the tube into the stomach. It is not all in the expertness of the operator. The

resisting force of the patient has much to do with the difficult experiment of passing the tube. If we can get the patient to swallow the tube at once, a hurried movement on the part of the operator and the tube goes down. With some, the resisting force of the throat muscles and closing of the teeth upon the tube prevents its passing. After a few trials, however, the patient takes the tube readily and can often manipulate it himself as easily as the physician.

After the stomach is filled with the solution required, it is siphoned out and relief soon follows. Owing to the vast amount of tough, stringy mucus and the particles of undigested aliment, as large a tube as can well be used is advisable. Often large quantities will be vomited up at the first trial by reason of the mechanical effect of the tube on the alimentary tract.

Only a few patients can tolerate a daily washing—some only once or twice a week. Any good antiseptic will do to mix with the water. This will depend, however, on the alkalinity or acidity of the stomach..

Persons with "sour stomach," sick headache, overfull feeling, etc., are likely subjects for lavage. If it be positively known that an ulcerated condition exists, the washing would not be advisable, fearing that the distension of the walls by the water would cause rupture at the diseased point and trouble worse than the original would result.

A morning lavage is far more helpful and invigorating to the ordinary person than is the toper's accustomed drink of ardent spirits, and puts the stomach in far better condition to assimilate and enjoy the noonday meals.

It is proper and advisable to omit the morning meal until after the lavage and then give the stomach complete rest for an hour or more—possibly until the noon hour. Where there is a sick headache, morning eructations, or spitting up of sour smelling mucus, lavage will do good and it is the good for which the average physician is willing to labor.—(Transactions of the National Eclectic Medical Association.)

A moderately hard, palpable mass in the right iliac region is often diagnosed as acute appendicitis with inflamed omentum around the appendix. But ileocecal tuberculosis with inflammatory exudate should be kept in mind.—*American Journal of Surgery*.

Uterine fibroids may be differentiated from disease of the tubes or ovaries by noting whether or not the cervix moves in the opposite direction when the tumor is pushed from side to side.—*American Journal of Surgery*.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.

Associate Editor

P. M. WELBOURN, A.B., M.D.

Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

S. F. MARCH, M. D., Kansas City, Mo.

J. B. MITCHELL, M. D., San Francisco

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

WATCHMAN, WHAT OF THE NIGHT?

In times now long past this question was often asked and answered. It was a recognized institution of its day supplying a want which is now no longer felt. Then, the answer conveyed to the inquirer information of the weather from which his imagination guided by experience formed a conclusion as to the probable conditions of the day about to break. He was thus enabled to plan for that day's activities with a greater degree of certainty than had been possible the day before. The shortening of the time between the present and the future increased the accuracy of the forecast and improved the chances for a successful day. But this quaint question and its varying answer is now no longer heard. The flood of necessity has passed and the custom is stranded. Nevertheless the lesson remains for him who cares to think.

The future, always coming, ever near, never present. What shall it be? How often do we hear the homely sentence, "If my foresight had only been as good as my hindsight." It is a plaintive cry which carries a message of disappointment. And yet, we may know our future. It can be compared with our past, and as each of us knows his past so can he divine his future. Our past is a diary in which we write our acts, hopes and inspirations; but a full understanding thereof is known to no

man save the writer. For this record shows only our true selves and as thus depicted we may be quite unknown even to our most intimate friends.

The reviewing of this book of memory creates a new knowledge called experience, provided, that in so doing the requisite analysis of the matter is made and each effect is referred to its proper cause. By so doing we come to realize, after a time, that our past is largely as we individually made it. It is our own history not that of many people. In this book we occupy the standard print—the text which carries the complete story. In the smaller print are found heredity, environment, influence—things of no real importance, except as they may help some to a better understanding of the true character. Our past is an aggregation of presents and our present is a succession of futures. Our past is our own, our future is our own. Make you of yours whatsoever you will.

UNFAIR EXAMINATIONS.

The last examinations conducted by the Board of Medical Examiners are unfair if not illegal. They are not in accordance with the law passed by the legislature, but may be in accordance with the law of the Board.

The law does not require an applicant for license to practice Medicine, to pass an examination in *Materia Medica*, Therapeutics, Practice of Medicine or Surgery. Where do the examiners get their authority to ask questions on these subjects? Certainly not in the law.

Why should an Osteopath be asked questions in Medicine or Surgery when the same Board would prosecute the applicant if he applied his knowledge in the treatment of his patients? It seems inconsistent to say the least, but it seems more—that the osteopathic applicant who fails has a just grievance against the Board for redress of his wrongs.

Take a few questions at random. Questions three and six in Hygiene as examples. What has Wright's theory of opsonics, or the use of horse serum in surgery got to do with osteopathic practice, when the osteopath is not under the law, required to know either medicine or surgery?

The questions in pathology from one to eight are distinctly medical, and if medicine is one of the subjects excluded should not be asked.

Questions eight and nine in obstetrics are outside the law. To "name ten drugs the mother should be instructed to avoid during lactation." Or the difference in condition in the use of

oxytocics and those calling for forceps. If the osteopath should use ergot in his case of confinement he would be subject to arrest and fine for using the drug. Where then is the consistency or justice of requiring or asking questions which if the applicant applied would subject him to imprisonment?

The State recognizes four Schools of Medicine and should either require an applicant for license to practice in the state to be examined in his own particular school, or be examined in all four.

Under present conditions a man's practical knowledge is not tested nor his ability to take care of the sick.

MACLEAN.

THE BREEDING OF FLIES.

In a summary report by Dr. Hamer, of the London County Council, on the fly nuisance, according to his investigation, he concludes that the most productive of all factors in the fly genesis are accumulations of horse manure; but all collections of dust and other refuse act as breeding grounds, though less actively, and promote fly nuisance in their neighborhood. He observed that such refuse placed over two hundred yards away from dwellings, distinctly influences the number of flies that may haunt the houses.

His investigations also clearly and scientifically corroborated the common belief that children, dirty walls and ceilings, particles of food on the floor and in the sinks, are particularly congenial to flies and influence them to haunt such places.

His method of investigation consisted in selecting stations in the neighborhood of twelve premises such as cowhouses, stables, maure, depots, a jam factory, a knacker's yard, and a place where catgut was manufactured. Ordinary dwelling houses inhabited by working people, two fifty yards and two two hundred yards away, were selected as stations. In these houses squares of paper smeared with honey gum were suspended at a definite height, collected at definite intervals, and calculations made of the number of flies caught.

This report again emphasizes the fact that the house-fly lives its larval life almost exclusively in animal dejecta, especially in horse manure, and in its complete larval form carries disease germs in a passive way.

Laboratory experiments have clearly demonstrated that the house-fly is capable of disseminating the germs of zymotic diarrhoea, typhoid fever, tuberculosis, Asiatic cholera, etc. A fly contaminated with the germs of any of the above-named diseases may carry the infection for a considerable distance and

remain infectious for a comparatively long time. It has been shown that flies may carry the typhoid bacillus in a living condition for over two weeks. Experiments have proven that the typhoid bacillus may pass through the intestinal tract of a fly and remain alive hence the danger of the fly spot. The tubercle bacillus is another germ that has been found alive in the intestinal tract of the house-fly. The flies become infected by eating the sputum of tubercular patients.

Flies are not as dangerous to disseminate disease by carrying the germs alive in their bodies as they are dangerous by carrying the germs in their hairy feet, which are particularly adapted for picking up germs and thus conveying them to the food of healthy persons. They settle on the dejecta of patients, crawling over the patient or the soiled linen, and thus pick up the germs and become a potent medium in disseminating, especially the disease previously mentioned.

The moral to be learned from this lesson is that flies are a source of great danger to the welfare of healthy individuals; that they should be kept away entirely from foodstuffs, and all possible breeding places for them should be avoided near dwellings. In fact, the value of flies is nil, except for their ability of pestering man and beast.—*Monthly Cyclopedia and Medical Bulletin*.

IPECACUANHA IN DYSENTERY.

By Brig. Gen. Alfred A. Woodhull, U. S. Army, Retired. Late-ly Colonel, Medical Department, U. S. Army.

The papers in THE MILITARY SURGEON for January, 1908, which refer to the treatment of dysentery are interesting and important. One details five severe amebic cases, all successfully treated by ipecac. The other asserts that the ipecac treatment was nearly always followed by relapse, but praises it as probably curative against the Shiga bacillus and as a valuable adjunct in amebic dysentery. Now-a-days a writer is liable to the charge of incompleteness, one may say of imperfect knowledge, if his histories are not substantiated in the laboratory, notwithstanding the necessity for such confirmation would throw out of court enormous masses of earlier clinical observation. That the dysenteric amebae and bacilli have been discovered only comparatively recently, by no means alters the fact that dysentery in its various forms has been a scourge, chiefly in tropical countries, for untold ages and has been treated for long periods of time with varying success by different methods. I believe it is also a fact that no treatment has been so uniformly successful, re-

ardless of the special cause of the disease, as that by ipecacuanha when the medicine has been properly, which sometimes means persistently, administered. Valuable as is the science of pathology, much of the art of medicine, especially of therapeutics, has been developed by empiricism, and the practical treatment of dysentery is a part of that empirical progress. The *radix anti-dysenterica* justified its name, until through ignorance it fell into disrepute. Revived as a practical specific by Docker in Bengal, somewhat more than fifty years ago, it rarely fails in any stage, acute or chronic, to meliorate the symptoms and heal the disease. It is a specific in the same sense that quinine is a specific; in occasional cases each remedy fails. This may seem a bold statement; but ipecac has been ignorantly condemned in the house of its friends. The fact that in health an overdose induces innocent emesis, has given it rank as an emetic and has masked the more important fact that, in appropriate disease, it may be given non-emetically in quantities which to the inexperienced would seem enormous. It is probable that the portion of every medicine should be graded by the severity of the case. That is certainly so with ipecac when administered in dysentery, and I have seen an old man promptly rescued from apparently impending death, an acute attack immediately cut short in a lady, delicate children relieved, and soldier after soldier cured (if one may use that objectionable word) by ipecac and ipecac alone in quantities appropriate for each. I have no personal doubt that the normal action of ipecac is that of a stimulant to the organic nerve, but this is no place to attempt to fit an hypothesis to a condition. Since the early seventies dysentery has not worried me, if I could control the patient and be sure that the drug was pure. On that account, using Major Raymond's paper as a text, I urge medical officers, in whatever climate or however the dysenteric patient may have been reduced, to administer faithful and non-emetically large doses of ipecacuanha. It would be miraculous if any human treatment never failed: but I have had no personal knowledge of such failure. A comfortable paper for the sceptical to read is Maclean's on Dysentery in Reynolds' System of Medicine. Facts outlast theories, and however antiquated some of the doctrine may appear in the light of modern pathology, the results obtained cannot be disputed.—*The Military Surgeon*.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Sudder, M.D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M. D., Los Angeles, Cal. President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909, E. R. Harvey, M.D., Long Beach, President; A. P. Baird, M.D., Auditorium Bldg, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. M. Blanche Bolton, San Pedro, Cal., President; Dr. P. M. Welbourn, 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held July 7th, at 8 o'clock in the offices of Drs. Welbourn. Dr. Hanna Scott-Turner presided.

Dr. Crocker was nominated for membership and unanimously elected.

Dr. Conrad read an interesting paper on "Electro-Diagnosis" which was thoroughly discussed.

The next meeting will be held at Long Beach on August 4th, at 6:30 p.m. The reports from the National Convention will be given at that time.

Adjournment,

P. M. WELBOURN, Secy.

BULLETIN FOR AUGUST.

The meeting at Kansas City was a success in every way. One hundred and seventy-six members were in attendance and forty-one new members joined.

Among the most important reports received and acted upon were those of Secretary Best and the Council on Medical Education and Committee on Organization and Legislation. Both Committees have been re-appointed for the ensuing year, and expect to take up further work in detail. Dr. Mundy made a very lengthy report for the new Council on Medical Education, showing that several meetings had been held during the past year and an active alliance with the American Institute of Homoeopathy looking towards a closer affiliation along these special lines. This Committee consists of Drs. E. H. Stevenson, Chairman; E. B. Shewman, Vice-Chairman; W. N. Mundy, Secretary, and P. E. Howes, and J. A. Munk. Their work will be vigor-

ously pushed during the ensuing year, and the National has guaranteed them financial assistance.

An amendment to the Constitution was adopted, that hereafter the Treasurer of each State Society shall collect and pay to the Treasurer of the National Society an annual per capita tax of \$2.00, as annual dues, which shall make every member in good standing in each State Society, a member of the National. Details of this new arrangement will be worked out by the Executive Committee and furnished to the officers of the various State Societies before their next annual meeting.

The proposition to publish a monthly or quarterly bulletin was laid over for consideration to the next annual meeting, which will be held in Chicago, June 15-18, 1909.

Let us all begin now to lay plans to make our next meeting a grand success.

JOHN K. SCUDDER, M.D.,
President.

WM. P. BEST, M.D.,
Secretary.

NEW ENGLAND ECLECTIC MEDICAL ASSOCIATION.

The Fourteenth Annual Meeting of the New England Eclectic Medical Association, was opened in Cheshire House, Keene, N. H., by Third Vice-President Sarah Eliza Page, M.D., Hartford, Conn., at 1:30 p.m., Wednesday, May 27, 1908.

The report of the secretary, was read and accepted; and that of the treasurer, showing all bills paid and a handsome balance in the treasury.

The committee on "Standing of Eclecticism in New England" reported a great need of young Eclectics in the Northeast; and the secretary was instructed to invite, through the Eclectic Journals, recent graduates to locate therein.

The following officers were elected: President, Sylvina Apphia Abbott, Sc. D., M. D., Taunton, Mass.; secretary, Frederick Wallace Abbott, A. M. Ph. D., M. D., LL. D., Taunton, Mass.; treasurer, Henry Reny, A. M., Ph. G., M. D., Biddeford, Maine.

An interesting clinic, the material furnished by Dr. Louis C. P. Massicotte was held at 5:00 p.m. At the evening session, the following essays were read and discussed: "Specific Medication in Diseases of the Eye and Ear," by Dr. Henry Reny; "My Experience with Hyocine, Morphine, and Cactin Compound," by Dr. James T. Tonks; "Fractures and Dislocations," by Dr. Louis C. P. Massicotte.

The morning session of the 28th, the second and the closing

day, was opened by the newly elected president, Dr. Sylvina A. Abbott, the only woman ever president of the association.

The following essays were read and discussed: "The New Doctrines," by Alexander Wilder; "Contagion and Its Carriers," by Dr. Stephen B. Munn; "Sanitary Science and Public Hygiene," by Dr. Herschel N. Waite; "How to Treat Pneumonia Successfully," by Dr. Max C. Groppner; "The Automobile as an Aid to Health," by Dr. Charles Gilbert Percival, New York, N. Y.

The next meeting will be in Boston, Mass., June 2, 3, 1909.

FREDERICK WALLACE ABBOTT, M. D.,

Secretary

MAINE ECLECTIC MEDICAL SOCIETY.

The 2nd day's session of the 43rd annual meeting of the Maine Eclectic Medical Society, adjourned from Preble House, Portland, May 26, 1908, was opened in Cheshire House, Keene, N. H., at 7:00, p.m., Wednesday, May 27th, by President Sylvina Apphia Abbott, Sc. D., M. D., Taunton, Mass.

The reports of the secretary, treasurer, and various committees, showing the society fairly prosperous, were read and accepted.

The following officers were elected: President, Edward Palmer, M. D., Ripley; vice-president, George Albert Weeks, M. D., Richmond; recording secretary, Sylvina Apphia Abbott, Sc. D., M. D., Taunton, Mass.; corresponding secretary, Josiah Lister Wright, M. D., Durham; treasurer, Algernon Fossett, M. D., Portland.

The society adjourned at 8:00 p.m. to visit the New England Eclectic Medical Association, the 14th annual meeting of which was then and there held.

The next meeting (44th annual) will be at Preble House, Portland, May 26th, 1909.

SYLVINA APPHIA ABBOTT, M.D.,

Secretary

NEWS ITEMS.

Dr. R. O. Hoffman has moved from the Commerce Bldg., to 763 7th street, San Diego.

Dr. B. E. Fullmer has moved from E. 16th street to 123 W. Pico street, Los Angeles.

Dr. Rose Burcham is enjoying a two months' visit in Honolulu.

Died, Mrs. Mary Finch, wife of Dr. G. W. Finch on June 28th.

Dr. and Mrs. J. C. Solomon and son spent the month of July at Ocean Park.

Dr. O. C. Welbourn has returned from an extensive camping trip through Arizona.

Dr. J. Park Dougall enjoyed his vacation during the month of July. He was hunting in Mexico.

Dr. Hanna Scott-Turner spent her vacation attending the Chautauqua at Venice.

The regular meeting of the California State Medical Examiners will be held in San Francisco, August 4, 5, and 6.

Dr. H. G. Lamb of Coachella accompanied a patient to the Westlake Hospital recently.

Dr. J. C. Stout is located at 1146 E. 14th street, Oakland.

If there is a subscription blank in your Journal, please sign and return, and help us increase our list of subscribers.

Dr. L. A. Perce, Long Beach, will entertain the Los Angeles County Eclectic Medical Society at dinner on August 4th.

Dr. H. B. Crocker, has recently moved from Healdsburg to Los Angeles and is located in "The Valdemar," corner of 6th and Hope streets.

Dr. L. A. Perce has returned from a trip through the East. He was accompanied home by Germain Ray, Youngstown, Ohio, who will visit in Long Beach until September 1st.

Dr. Hanna Scott-Turner brought a patient to the Westlake Hospital for an operation, during the latter part of July.

The Westlake Hospital is in its new quarters on Orange Street and is prepared to give excellent service. The rooms are all occupied in spite of the warm weather.

Dr. J. A. Munk returned to Los Angeles on July 22nd. After Dr. O. C. Welbourn left the party the others visited the Grand Cañon and the Petrified Forest, then the party separated at Williams, Arizona, Dr. Munk going West and Prof. Lloyd and family returning to their home in Cincinnati, Ohio.

PHYSICIANS, ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

The California Eclectic Medical Journal

Vol. I

SEPTEMBER, 1908

No. 6

Original Contributions

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

OVID S. LAWS, M.D.

Read before the Southern California Eclectic Medical
Association.

For several years, our genial Dr. Munk has been treating us with fine sketches of the climate of Southern California, and Arizona, and one or two fine pen pictures of the Grand Canyon. And last October he took us out to Flagstaff and sent us on a verbal balloon excursion to the planet Mars, which has become a near neighbor through the telescope.

We learn from these sketches that California is well supplied with climate, and if properly used it gives great comfort, health and longevity. Many of us know these things by personal experience for many years. But still we find that people get sick, and that climate alone does not restore them to health. Then we turn our attention to the fact that the great Giver of all good has provided for our needs in that respect. From my observations I conclude that we can find here remedies for all diseases. Possibly we might survive if we were cut off from all sources of supply of drugs outside our own state.

Our mountain regions abound in an endless variety of plants and shrubs, some well known, but many unknown. In 1892 I was at Escondido in San Diego, Co. I was often called to go ten or fifteen miles out among the San Jacinto mountains and during the growing season it was a source of constant delight and wonder. I met some of my old time Eastern botanical friends there, and made the acquaintance of some strange ones. My old friend *Monarda Punctata* grows there, but only as a single stem and flower head instead of a great cluster as in Kansas. I found two species of the fragrant sumach, and use the leaves tinctured in alcohol, for the same conditions that call for Lloyd's Eastern preparation, and get the same benefit.

Our shrubs being evergreens, the leaves store up the medical properties of the plant. So you see we are already in a land where it is literally true that "The leaves of the trees are for the healing of the nation." The *Manzanita* is another shrub, the leaves of which I found effective in the hemorrhage of typhoid

cases. *Rhamnus Californica*, I found in one locality, and no doubt some of you can tell us what it is good for. This paper is only intended for a brief introduction to the subject, and I must not detain you but I must not close without recognizing the resources of our own city.

Besides *Anemopsis* for the cure of catarrh and tuberculosis, we have three heart remedies, much in use; the nuptial altar, the divorce court, the cactus *grandiflora*. What relation, you ask, or why group cactus with these? Well cactus is good for a broken heart, and will cure when these others fail, or repair the mischief done by them.

THE BEST PEOPLE ON EARTH.

J. A. MUNK, M. D., Los Angeles, Cal.

The above caption must not be taken too literally, but should be construed to include the opportunities of a primitive and very interesting people. They were called Moquis by the early Spanish explorers who discovered them in 1540 and have ever since been known by that name. About ten years ago some smart Aleck found out that Moqui means death and Hopi good, since which time the latter word has often been substituted for the former. This change of name was arbitrary and unwarranted but is in keeping with a practice that is in vogue which changes names indiscriminately. Thus the name of San Francisco is shortened to Frisco and San Bernardino to Berdoo. This mutilation of local names should be opposed by all who care and the practice stopped. Simplified spelling is also responsible for some raw work and has changed the orthography of Moqui to Moki and Cañon to Canyon, all of which is wrong.

The Moquis were once a numerous people, but their number has diminished to less than 2,000 souls. They live in eight villages (until two years ago only seven) on three separate mesas, on the Painted Desert in Northeastern Arizona. The mesas are designated as the first, second and third beginning on the east, at an elevation of about 3,000 feet above sea level. They are several miles apart, composed of rock and extend southward as spurs from the mother mesa. They stand out as conspicuous landmarks from six to eight hundred feet above the level of the surrounding plain. All of them are practically barren and supplies have to be brought from a distance. Even the water has to be carried by hand from the foot of the cliff up to the top over a steep and rocky trail. Here these strange people have always lived and have resisted every attempt to move them. There is much in the life of the Moquis that reminds us of the Cliff-

dwellers, but, if the former are the decendants of the latter as is claimed by some, the Moquis have no legend nor tradition to that effect.

The dwellers in Tewa, the first village on the first mesa just above the Gap on the trail leading up to the Walpi, are a different people and speak a different language from the rest of the Moquis. They are comparatively modern as they came as refugees from the Rio Grande in New Mexico after the great rebellion in 1680. The Moquis were about the only Pueblo people that came out of that conflict unscathed. The refugees were given a warm welcome and a home in exchange for their services in defending the Gap against all hostile intruders; and during all these eventful years have faithfully kept their promise.

The Moquis are Pueblo or village Indians who had a civilization long before Columbus discovered America. They are unusually gentle, patient and industrious and as Aborigines possess qualities that make them a remarkable people. Considering the unfavorable conditions under which they live it is surprising that they have maintained themselves so well, or even now manage to exist. The white man with all of his boasted superiority has utterly failed when placed under similar circumstances. Men have been sent out from the East by the Government to teach these people how to farm, but soon the teachers were compelled to call upon the Indians for help.

The main dependence of these Indians is corn, which is their principal field crop, but they also grow some vegetables and peaches. Their farms are distant many miles from their homes and the men have to go a long way to their daily work. They have studied and understand the local conditions of soil and weather and by their expert knowledge, which they have acquired by centuries of experiment, are able to succeed where others fail. They plant the seed in bare sand where nothing else is ever seen to grow and the last place a white man would select for planting anything. They plant the seed deep, many kernels in a hill and the hills far apart. Although no weeds ever grow the surface is frequently stirred with a stick or hoe, which makes a sand or dust mulch that prevents evaporation and loss of moisture. The moisture that is thus held in the soil, together with an occasional shower of rain during the summer season, is sufficient to grow and mature the crops. Thus they have known and used the dry method of farming far in advance of the white man. By hard work and careful management they acquire sufficient means during the year to supply their modest needs. Out of this scanty hoard they manage to save enough corn to hold in reserve for use in time of famine. They have never asked nor

received help from any one and have fully proven their ability to take care of themselves, if only their plans and work are not interfered with by meddling strangers and busybodies.

In the selection of sites for their homes the Moquis have adopted the sky scraper plan of living and build their houses upon the tops of high cliffs that have perpendicular walls. Here they enjoy the advantages of elevation and pure air, a commanding outlook and freedom from sand, flies and noise. They have no elevators with which to lift themselves up and down, but depend on the primitive motive power of foot propulsion. Upon the top walls of these high cliffs their houses are built of rock and mortar upon the communal plan, but each family lives in its own separate apartments. The rooms are plastered and white-washed and usually swept clean. They have a custom that is entirely different from other people in that the wife owns the house and controls the home. She also decides the family name and pedigree. The husband owns the fields and flocks and occupies the house only by sufferance. If for any reason the wife wants a separation from her husband instead of applying for a divorce, she packs up her husband's saddle or other effects and sets them outside the door, which means his dismissal from the house. When he returns and find this arrangement he knows he must leave his once happy home and goes without a protest and there is no appeal. Marriage is by mutual consent but the woman proposes and not the man. When a girl reaches the proper age her hair is done up in whorls above her ears by a hair dresser, which is usually her mother, as the girl cannot do it herself. This act proclaims that she is of marriageable age and in the matrimonial market. She makes known her choice of a mate by a gift of fruit or vegetable on some ceremonial occasion, preferably during the footrace which precedes the snake dance. After the marriage ceremony is over she changes the style of her hair by taking it down and twisting it into two hard rolls which fall in front of the shoulders.

Naturally there must be some disagreements in a Moqui family, or they would not be human, but if there are any differences they do not come to the surface; neither do they ever quarrel or fight. The parents are very fond of their children and the old folks are invariably kindly cared for. The children are always pleasant and as playful as kittens and never seem to get out of humor. They are given dolls made out of wood, which represent their catechisms or deities and are taught their attributes—a regular system of object lessons or school of kindergarten instruction, that was in use before Fröbel ever thought of it. The Moquis are a happy and contented people and only ask to be let

alone and not disturbed in their home life. They are friendly to strangers but resent interference and resist coercion. No vice nor crime is known to exist among them and they have no use for courts or jails. What they most need is instruction in sanitation and cleauliness. Owing to the scarcity of water and the difficulty of getting it, is it surprising that these people are not quite as clean as they might be?

The Moquis are a very religious people, connecting some religious significance with almost every object in use, or occurrence in daily life. If they want anything all they have to do is to pray for it, when they believe they will surely get it. They are apt to associate their desire with something tangible which is usually a prayer stick made of feathers. This is placed on a prayer altar where it remains to be answered while the devotee goes about his work. A prayer is also often seen suspended from the ceiling in the form of a feather tied to a string. The more elaborate and effective methods of prayer are accompanied by intricate and prolonged ceremonies that include singing and dancing. There is scarcely a day in the year in which some religious ceremony, dance or festival is not on the docket. Feathers fill an important place in all these functions and to have them ready for use when needed they keep constantly on hand a supply of eagles and turkeys to furnish them. The eagles are held captive by tying them fast by a foot with a cord to the housetop, but the turkeys, being tame, are permitted to run at large.

The snake dance is perhaps the most earnest, serious and solemn of all their religious festivals. It occurs once a year sometime during the month of August and lasts nine days. It is an elaborate prayer for rain that takes place at a time when rain is most needed and is usually followed by a copious downpour. The ceremony includes fasting and prayer with singing and dancing in the sacred Kiva and ends with a snake dance in the open plaza. From one to two hundred reptiles are used in each dance and the most of these are rattlesnakes. They are held in the mouth by the snake priests while they dance, when the snake is supposed to receive the message for rain from the dancer which is carried to the rain god as soon as the snake is liberated after the dance. The rattlesnake is prized above every other member of the snake family and is symbolic of a rainstorm. The spots on its body represent clouds, the forked tongue lightning and the rattles thunder. The dancers are sometimes bitten but no harm ever results as they have a secret medicine that acts as an antidote to the poison. Only the snake priestess and her understudy know what the concoction contains.

The Moquis are expert with snakes and must have taken

lessons from the eagle to acquire their skill. When the eagle attacks a snake he does not pounce upon it at once, but hovers in midair and takes observation of the situation, watching his chance to make a safe and successful killing. If the snake is coiled and shows fight he fans it with his wings until it uncoils and starts to run away when he grasps it in his talons and flies to his perch where he disposes of it at his leisure. In catching snakes the Moqui practices the same ruse as the eagle. He plays the reptile with a feather whip which removes all desire to fight and it then seeks safety in flight. As the snake hurries to get away it is deftly picked up and either carried in the hand, or dropped into a bag carried for that purpose.

The Moquis have a number of clans or secret orders and elaborate regalias and lodge paraphernalia. Their ability to originate such a variety of performance with suitable costumes to match, alone marks them a highly gifted and intellectual people as judged by our own standard. It was our good fortune to witness by mere chance a catcina dance during our recent visit to Walpi which, like the snake dance, is also for the purpose of invoking rain. The dance was repeated at regular intervals during two days and was not only a ceremony of serious import, but also presented a spectacle of barbaric splendor.

As a people the Moquis are very conservative and slow to make changes either in costume or mode of living. Because of this peculiar steadfastness and, perhaps, also on account of their remoteness from civilization, they retain more of their native customs and originality than do any of the other tribes. Influences, however, have been at work for many years trying to make innovations that have, in a measure, succeeded and divided them into two factions known as the Friendlies and Hostiles. The former are willing to make changes and become modernized while the latter are opposed to all change and prefer to follow in the footsteps of their fathers. Two years ago the contest between the two factions waged so bitter that it ended in an open rupture and separation. The hostiles left their homes in Oraibi to the number of about 400, so that the village is nearly deserted and moved to a new site on the third mesa six miles away where they built a new town and called it Hutovila. Here the hostiles are gathered in a last effort to resist the demon of change and determined to preserve, if possible, their original purity and independence.

A difference is already noticeable in the manners of the members composing the two factions. The hostiles stand for a simple life with all that implies of honesty, industry and hospitality, and hold sacred the customs and traditions that have been

handed down from the past. The friendlies on the other hand, try to imitate the white man but are only spoiled in the process of making. They have at least learned one lesson, our method of grab and graft and will do nothing without pay. In 1901 when I saw the snake dance for the first time at Walpi, our party of four rented from a friendly a vacant house at the foot of the mesa for the sum of \$1.50 for the four days that we expected to remain. To our surprise our landlord called every day and collected his rent in the same amount. He also seemed to think that we ought to furnish free board to himself and all his male relatives, which estimated by the number that gathered about during meal time was not small, but here we drew the line and the hungry horde got nothing. A hostile under like circumstances, would not have broken his pledge nor offended their traditional hospitality by demanding pay. Again, on our late trip the friendlies asked for money before any of them would stand for a picture. A hostile would either have manifested indifference to such a proceeding, or else quietly vanished.

As an illustration of their unfeigned goodness I will cite but a single instance. During my stay in Oraibi in 1902, at the snake dance, I was asked to see a sick boy. On my leaving the house the mother gave me an ear of green corn, boiled. Its intrinsic value was small but it meant much to the giver as she was poor and the ear of corn might be sorely needed by herself and family before another crop of corn could grow. It was a most courteous and gracious act that expressed appreciation and betokened genuine hospitality.

It seems a pity that these innocent and inoffensive people should be pursued and molested in the mistaken notion that they are being benefitted. They should be allowed to choose their own means of happiness and not have unnecessary and disagreeable things forced upon them. This last bit of harmless and happy aboriginal life should be permitted to remain, if for no other reason than that it is an interesting relic of the past. To let it alone could not possibly injure any one and give peace and happiness again to a once free and independent people.

REPORT OF A CASE OF ACUTE MANIA.

DR. M. E. EASTMEN, Santa Barbara, Cal.

The history of this case from the time of illness to the time of recovery, is interesting and instructive, as it contrasts two lines of treatment, with probable results in one and definite results speaking for the other. The other interesting phase is evidenced by arriving at correct conclusions; getting at the cause of

a disease, and then following such a line of treatment as will produce certain, definite results.

Individual history of patient: Miss N. I., age, 26; weight, 110 pounds; normal weight 125 pounds; height 5 feet 6 inches. Light complexioned. Educated for school teacher, and been in educational institutions from childhood. Very studious; exacting in all her work; reticent, reserved, undemonstrative. Never has had but one or two close intimate friends, nor a sweetheart. Never participated in sexual things, nor masturbated.

Family history: Father living and enjoys very good health. Mother died of pulmonary tuberculosis in July 1907. Has four sisters, and two brothers living, and all healthy. One sister was demented for about one year following marriage, due to some injury of the pelvic organs, resultant of an accident. Details not possible to obtain. Two sisters dead; one from pulmonary tuberculosis; one in infancy.

Contributing causes of present illness. Was teaching in the public school at time of illness, and near close of the school year.

The work in the school had been very taxing and coupled with her exactness in having every exercise correct, necessitated many of her evenings being devoted to study and preparation for the succeeding day. Had worn glasses for a number of years, but as they were not suitable for eyes now, they were put aside and no others procured.

In 1901 contracted "Black-Measles," and before recovering suffered from an attack of pneumonia. Her life was despaired of during this illness, but in June was convalescing.

During the winter of the term of school in which she became ill, was much exercised upon not receiving a church letter from her home church. Circumstances, for which she was not responsible, nor knew of, prevented her receiving the letter, and in consequence of her sensitiveness, worried much about it.

Her mother being ill, and the family poor, Miss I. concerned herself much about the home finances, and in order to assist them, economized as much as possible while teaching.

On Halloween night, October 31, 1906, she became badly frightened, by having her apparel catch on fire. In a few minutes the flames were extinguished, yet it seem hours to her, as she later explained the effect of the circumstance.

Had a severe attack of La Grippe during the winter of 1906 and '07 and had not fully recovered from its effects, before the illness which I am writing about, came on.

Her appetite had been poor during most of the school year, and her habit was to partake of a light breakfast, consisting of rolls and coffee, cold lunches and light dinners.

During the month of June, 1907, the teachers noticed that Miss I. was somewhat changed in demeanor. Becoming petulant and when crossed was quite likely to show signs of anger. One day before the collapse, the principal had made a request for some little part to be taken in the closing exercises of the school, and it was not much to the liking of Miss I. As a result she entirely gave way to a fit of anger and crying.

The following day, June 3, feeling somewhat fatigued, she went to the rest room, and while there became unconscious. A physician who was at that moment passing the school, placed her in an automobile and took her home. As there was no one to care for her there, he immediately transferred her to a hospital and summoned her family physician.

Treatment: The data hereafter given, are taken from the nurses record, as per the hospital chart. June 3, 1907. Entered the hospital in afternoon. Patient restless and noisy. Physician prescribing Bromides $\frac{3}{4}$ ss in hot milk. 8:00 p.m., 1-200 gr. Hyocine hyperdermatically. Slept well all night. Calomel grains, one was given, which produced a bowel movement by morning. Tuesday morning quiet most of the time, but not rational. Was given twenty ounces of milk during the day, but refused nourishment at night. Bromide $\frac{3}{4}$ i was given at 10 p.m. and fell asleep at 12:00. Awakened at 4:00 p.m. and very noisy. 7:30 a.m. a hypo. of Hyocine 1-200 gr. was given. This line of treatment was continued up to the 9th with very little variation, excepting to increase the dose of Hyocine to 1-100 of a grain. On the 8th, an ice cap was ordered applied, but with no perceptible effect. Patient was noisy most of the time except when under the influence of Bromide or Hyocine. From the ninth to the sixteenth, Miss I. gradually became more noisy and unmanageable, only quiet when under the influence of drugs. The doses of Hyocine were given more frequently, and in one seventy-fifth of a grain. Would scarcely take any nourishment.

On June 17th, the writer was called in consultation. A change of quarters and other treatment instituted were conclusions arrived at. As there was no place in the city for the detention and care of such patients; and the relatives not caring to send Miss I. to a state or private institution, I was asked to take charge of the case.

A furnished cottage was rented near a park, and as much secluded as possible, and while under the influence of Hyocine the patient was transferred to her new quarters. Two nurses were assigned on the case, and an accurate record of details was kept of the progress of the patient until well. Soon after removing the patient to the cottage I made a complete physical examina-

tion. No trouble anywhere excepting a slight bronchitis. Haemoglobin test showed only 70% tendency to constipation, and patient retains urine. Removed only by catheterization.

After having make an examination of the patient, and studied the previous history of the case, I concluded acute mania was due to not having partaken of sufficient nourishment, while doing so much mental work. With these deductions being correct the general treatment resolved itself into getting more nourishment down the patient, combined with rest.

Rather than give here the record of the case from day to day, I will give the line of treatment prescribed, and the results obtained.

Treatment: Cold mitten friction morning and afternoon. This for its tonic effect. Neutral bath at bedtime for from thirty minutes to an hour, as needed. This was to assist in overcoming the insomnia, and quieting the patient. The first week the bath was used at about 100° Fhr., but gradually the temperature was lowered to 98° Fhr. The last dose of Hyocine was given June 20.

Enemas were ordered daily, if necessary to secure a good bowel movement. To offset the debilitating and relaxing effect of so much hot water to the lower bowel, a pint of cold water was injected at the close of every enema.

An ice cold abdominal compress was applied every night, after removing patient to the bed from the tub. The effect of this compress is a tonic to the muscular walls of the intestinal tract, and when warm, assists in overcoming insomnia, by keeping the abdominal vessels full of blood.

A cystitis developed on account of patient refusing to void the urine. Catheterization was resorted to every six hours and irrigation of the bladder with boric acid solution occasionally. The cystitis was overcome, but the urine had to be drawn for about three months, as she would refuse to use the receptacle provided, and nearly always pass the urine in the bed.

The following medicine was ordered given every three hours: Sp. Passiflora M 10; Sp. Cannabis M 3. This prescription was continued for a month, with an occasional dose of Belladonna, when indicated, and sometimes Gelsemium. After four weeks Hyoseyamus was tried for one week, but with the result of causing the patient to be more noisy. The only medication from this time was one half grain pills of Opium three times a day.

The diet: This was the most important feature of the treatment. When left to the patient for the taking of nourishment, she did not get any, as she would not eat. To overcome this I provided the nurses with a stomach tube, and a wooden cork three inches long, and about an inch in diameter. Whenever

Miss I. would not take her food the tube was resorted to. It was kept in a carbolized solution when not in use, and sterilized by boiling twice a week.

The kind and amount of food to each feeding were as follows: Milk with the cream, sixteen ounces; malted nuts, two teaspoonsful; one egg, uncooked; and Meltose one ounce. The milk and egg were given together; The meltose and malted nuts were prepared in a glass of hot water. This ration was given every four hours, except at night. The only change in this diet for three months was the increasing of the number of eggs to six a day. It was necessary to use the stomach tube nearly all of this time. And from a pale, hollow eyed, careworn, emaciated, skeleton, this young lady developed into a bright-eyed, rosy-cheeked, plump young school teacher, weighing 119 pounds in September.

Exercise for an hour daily about the house, until strong enough to be out of doors. The patient was so noisy and hilarious during the first three months' treatment that she was confined to her room most of the time. Exercise seemed to increase her nervousness and make her more excitable, so she was kept in bed continuously except when changing soiled for fresh linen and when taking the neutral bath. In order to keep her in bed night or day, her hands and feet were securely fastened.

After the first month of treatment there were occasional lapses into a rational state of mind, but only for a few minutes at a time. During August much improvement was noticed. This continued without interruption until November 1907, when she was discharged as cured. Advice to take a rest, from all mental work for one year, and live out of doors as much as possible.

At this writing the little lady is strong and well, with no symptoms of the mental trouble.

MARASMUS.

B. J. A. DENKINGER, M. D., Boston, Mass.

Synonyms: Athrepsia, Infantile, Atrophy, Simple Wasting. Simply defined, marasmus is a disease of nutrition, whose essential feature is wasting. As Rotch puts it: "It is a condition in which extreme atrophy of all the soft tissues takes place without demonstrable disease of any of the organs." No sharp line can be drawn between marasmus and simple malnutrition. (Kerley describes malnutrition as the first stage of marasmus).

Despite the numerous hypotheses advanced by American and European authorities, "There is as yet no convincing evidence of constant gross or histological changes in the intestines or liver

in marasmus'' (Wentworth), and the true pathology of marasmus may be said to be still unknown.

On one point, however, all authorities agree, viz.: That the disease is always associated with grave impairment of the digestive function, and especially with defective intestinal assimilation.

The disease is most frequent during the first six or eight months, less frequent from the eighth to the twelfth month and comparatively rare from the twelfth to the eighteenth month. It is much more common in the city than in the country, and is particularly frequent in dispensary practice and in institutions. It is rare among breast-fed infants. According to Holt, the disease is very frequent among premature children and the illegitimate offspring of girls of sixteen to eighteen, indicating that the disease is associated with more or less constitutional weakness or low vitality.

It is more than probable that a number of factors are concerned in the etiology of this disease, but improper food is undoubtedly the most frequent cause of it. By "improper food" is meant that the infant does not obtain the quality and quantity of nutriment required for its own peculiar needs. In the language of Rotch: "The disease is extremely rare in infants who are fed from the very beginning on a proper modification of milk, adapted to the infant's nutritive development."

If we inquire into the feeding history of artificially-fed marantic infants, it is comparatively rare to find cases where the food supply has been insufficient. Overfeeding seems to be the rule rather than the exception. The food is frequently excessive in quantity and too rich in quality, but more often the infant is over-fed with milk, poor in quality and unsuited to its individual powers of digestion.

Besides constitutional defects and "food causes," the disease is favored by bad air and other unhygienic surroundings and long continued disturbances of digestion.

As to the symptoms of marasmus, it may be said that the appetite of marantic infants is generally good, often enormous and only in the most severe case, poor.

The stools are frequently normal in appearance, but are very large in proportion to food taken. (The infant eats much, but absorbs very little). The odor of the stools is often peculiarly offensive and putrid. Vomiting is by no means common. The most constant symptom is a steady loss in weight, a rapid disappearance in adipose tissue and atrophy of muscle, resulting in a most striking physiognomy. The infant seems to be reduced to skin and bone and has the appearance of a little old man or living

skeleton. The skin, having lost its tone, is "all wrinkles" and hangs in folds. The face is thin and pinched, pale or of leaden hue and has a peculiar "old" look, and bears a striking resemblance to a monkey or fetus, the cheekbones are prominent, cheeks and temples hollow, chin pointed, giving the mouth the appearance of great size, the fontaneles are sunken, the eyes are deep-lying and have the appearance of great size. The expression is either dull or vacant, or tired and anxious. The tongue is coated and dry, the extremities are cold, often cyanotic, the hands are more like "birds' claws." The abdomen is either very flat from atrophy of the intestinal and mesenteric tissues or else prominent from distension with gas.

The temperature is usually subnormal, the pulse rapid, but feeble, the breathing shallow. Bed sores over the sacrum, occiput and heels are quite common, also redness and excoriation of the buttocks, especially when the stools are very acid. Some marantic infants cry a great deal, but more frequently they are quiet and listless; they sleep much with but little change in position, and only fret and whine when disturbed.

The prognosis is generally bad. The chances of recovery at the age of eight months or one year are much better than at four months, as the former ages are evidence of pretty strong vitality. The prognosis is, of course, much worse in cases of long duration. In institutions the disease is almost invariably fatal.

As to treatment, this seems to be one of the diseases where drug treatment seems to be practically useless, the proper food and feeding and favorable hygienic surroundings—everything. All authorities are in agreement that the food-remedy par excellence is breast milk. The results of breast-feeding on marantic infants have, in the main, been so very favorable, that it should be tried without delay whenever practical, and artificial feeding should only be resorted to when a wet nurse is unobtainable or impractical or has proved a failure. Along with breast milk, the marantic infant should live in the open as much as possible where it can secure plenty of fresh air and sunlight.

As to artificial feeding. First. Quantity of food. The quantity of food should be governed by the powers of the intestinal absorbents of the sick infant and not by the seeming demands of the baby's appetite. The baby's weight, rather than its age, should be our guide in the quantity of food given, and only so much food should be given as seems to be properly taken care of by its weakened digestive and absorbent systems.

Our aim should be to insure complete assimilation of what is given before increasing the quantity of food.

Second; Quality of food. All authorities agree, and all

metabolism observations show, that atrophic infants assimilate fats very badly. Sugar on the other hand, is absorbed readily and in rather large amounts.

Milk casein is poorly absorbed in marasmus, but if proteids are administered in soluble form, as in whey or the soluble albumenoids of cereals, fairly high proteids (1-1.50 per cent., or even more) may be given.

This would point to a food mixture containing a comparatively large percentage of sugar, a fair amount of soluble albumenoids and very little fat.

Rotch begins with a mixture containing: Fat as low as 0.50 per cent.; Sugar, 6 per cent.; Proteids, 1 per cent.

As the infant increases in weight, he increases the fat percentage, but for a number of weeks not above one or two per cent.

Keller, to whom we owe much of our present knowledge of marasmus, also advocates a food-mixture, which in addition to being distinctly alkaline in reaction, is low in fat and proteid, but relatively high in sugar, preferably maltose. His reasons for preferring maltose to other sugars are as follows: Maltose is superior to other sugars to increase body weight, in other words, is more assimilable; he also found that maltose produced less gastrointestinal disturbance than other sugars. Heubner, too, found that maltose is better utilized by the organism of the sick infant than lactose and other sugars. The assimilation limit is also higher for maltose than other sugars.

Koplik highly indorses the Keller method of feeding "malt-soups," or dextrinized gruels, in cases of marasmus. To quote Koplik: "It is one of the most useful methods of feeding marantic infants, and one in which a great number of cases of atrophy has given brilliant results. I have used this method of feeding in cases in which all other known methods have failed. These children had been fed on modified milk prescribed in a most careful manner by men who may be considered skillful in its administration." The chief objection to the home-made malt-soups of Keller, as well as the dextrinized gruels made familiar to us by Chapin, is that they require great care and much time for their proper preparation. I have never been able to see wherein they possess the slightest advantage over the plain malted or Liebig foods, of which Horlick's food is a good example.

By varying the proportion of the malted food and milk and water, any practically desirable mixture can be obtained and the food adapted to the digestive capacity and nutritive requirements of the individual infant.

Equally efficacious in the feeding of marantic infants is malted milk (Horlicks). This preparation requires the addition

of water only and assures us a good quality of milk. This food has given me most gratifying results. I begin with a heaping teaspoonful of malted milk, dissolved in three ounces of water, increasing the amount of malted milk very gradually.

Butter-milk has also a well deserved reputation in the feeding of marantic infants, and is well worthy of trial, but care should be taken to secure a clean and fresh supply.

Asses milk, being low in fat and containing proteids in very digestible form, has also proven most useful in the treatment of marasmus, but the difficulty in obtaining it makes its employment rather impractical.

Freshly expressed beef juice has also given good results and may be given in alteration with the other food mixtures. Orange juice too has been used with benefit.

Water should be given freely, but in small amounts. Great care should be taken to keep the infant, especially the extremities, warm, by wrapping it in wool or flannel. It is also well to rub the infant well with olive oil. Daily massage and alcohol rubs are highly recommended by Tuttle.

To remove bacterial poisons and toxins the digestive tract should be cleaned out by means of calomel or castor oil or enemas of salt and water. It should be remembered, however, that barring the necessary therapeutic measures requiring manipulation, the infant should be disturbed as little as possible. (Transactions of the National Eclectic Medical Association).

QUESTIONS OF THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA, AUG. 4, 1908.

PATHOLOGY.

1. What are the etiologic factors in myocardial degenerations? Describe the microscopic features of the various forms.
2. Describe the autopsy appearance of the different varieties of pleuritis. What are characterized cells in the exudates?
3. Name the vegetable parasites that may infest the epidermis. Describe the gross appearance of the skin lesions in coccidioides.
4. Discuss the theories of hyper-thyroidism and hypo-thyroidism.
5. Give the post-mortem findings in a typical case of chronic interstitial nephritis.
6. What are the distinguishing hematological features in chlorosis, secondary anemia and pernicious anemia?
7. What is the etiology of cholelithiasis, and what pathologic changes may result in the gall bladder and contiguous viscera?
8. Discuss the surgical complications of typhoid fever.
9. Report on microscopic specimens.
10. Report on gross pathologic specimens.

PHYSIOLOGY.

1. Describe the varieties and function of the white blood cells.
2. Discuss briefly the digestion of proteid foods.

3. Describe fully the movements of the intestines during digestion.

4. (a) If lipase be added to fat in a test tube, explain the action of the enzyme. (b) Why is the digestion incomplete?

5. Describe the gaseous interchanges occurring in the lungs and the circulating blood.

6. (a) What is meant by the terms: Central motor neuron and peripheral neuron? (b) Describe a ganglion cell of the cerebral cortex.

7. What tissues receive their nerve supply from the third cranial nerve?

8. (a) When a nerve trunk is cut, what becomes of the peripheral stump? (b) If the severed ends are brought together by sutures, will this prevent degeneration in the peripheral end?

9. Differentiate between cerebral and spinal paralyses in (a) reflexes, (b) electrical reactions of muscles, and (c) nutrition of muscles.

10. Define: (a) hybrid, (b) macula lutea, (c) emmetropia, (d) lochia, (e) hemolysin, (f) dyspnea, (g) tenesmus, (h) dialysis, (i) micriturition, (j) amylopin.

GYNAECOLOGY.

1. Diagnose atresia of the vagina from congenital absence of the same.

2. Diagnose and give the treatment of prolapse of the urethra.

3. What is meant by pyometra? Give causes and treatment.

4. What would you consider inoperable carcinoma of the cervix, why, and what would be your palliative treatment of the case?

5. Give diagnosis and complications of a case of gonorrhoea in a woman.

6. Give five causes of oophoritis.

7. What is deciduoma malignam, its symptoms and treatment?

8. Describe the operation of abdominal hysterectomy in a simple case

9. When should you drain in abdominal operations?

10. What complications may follow draining?

ANATOMY.

1. Describe the subarachnoid space and its connection with the ventricles.

2. What structural characteristics of the skull tend to preserve the brain from injury?

3. Describe the external jugular vein.

4. What nerve governs (a) extension of the forearm, wrist and fingers, (b) flexion of the forearm, (c) flexion of the wrist and fingers, (d) pronation of the hand, (e) supination of the hand, (f) abduction and adduction of the fingers?

5. What muscles are attached to (a) lesser trochanter of the femur, (b) coracoid process of the scapula, (c) pisiform bone, (d) head of the fibula, (e) lower angle of the scapula, (f) tubercle on the upper border of the first rib, (g) anterior inferior spine of the ilium?

6. (a) What bony points on the posterior surface of the pelvis are at the level of the center of the sacro-iliac symphysis? (b) Between what bony points should measurements be taken to determine the length of the lower extremities? (c) What vertebral spine marks the lower limit of the membranes of the spinal cord and the cerebro-spinal fluid? (d) Between what bony points should a line be drawn to determine the normal position of the great trochanter of the fe-

mur? (e) What point on the thigh lies directly over the anterior surface of the capsule of the hip joint?

7. (a) What relation have the external and internal abdominal rings and the femoral ring to Poupart's ligament (b) What are the boundaries of Hesselbach's triangle?

8. Give the surface markings of the deep and superficial palmar arches and tell what arteries form them?

9. Give the surface markings of the heart.

10. Give the surface markings of the liver.

GENERAL DIAGNOSIS.

1. Differentiate cardiac hypertrophy and cardiac dilatation.

2. Differential diagnosis of pleuritic and pericardial effusion.

3. Differentiate intestinal colic, uterine colic and renal colic.

4. Describe the anatomic varieties of abdominal hernia.

5. Discuss the early diagnosis of pulmonary tuberculosis.

6. State the causes of exophthalmus.

7. What structures are involved in bubonic plague? How are these structures affected?

8. What organs are subject to tuberculosis?

9. Mention the varieties of eczema.

10. What is the practical import of hematuria and how can its source be diagnosed?

OBSTETRICS.

1. Describe, give pathology, care and treatment of gestational neurosis.

2. Name five causes of retained placenta, and give treatment of each.

3. (a) Give normal length of umbilical cord. (b) Symptoms, dangers and treatment of abnormally short cord. (c) Symptoms, dangers and treatment of abnormally long cord.

4. What clinical symptoms will cause you to fear a retroverted uterus interfering with pregnancy; when and what is the greatest danger from this cause, and give treatment.

5. What clinical symptoms would lead you to fear toxemia of pregnancy? How would you verify or disprove it, and give treatment.

6. What clinical symptoms during the later months of pregnancy would lead you to fear puerperal convulsions, and what would you do to lessen the danger?

7. Describe the conditions present and tell the symptoms during labor that would cause you to fear post-partum hemorrhage, and what would you do to minimize the danger?

8. Give cause, pathology and treatment of Plegmasia Alba Dolens.

9. State in full what directions you would give a patient for care of herself for the eight weeks following labor; general hygiene; diet; exercise, etc.

10. Describe the conditions calling for the use of the perforator, the cranioclast, or the cephalotribe.

BACTERIOLOGY.

1. State briefly the processes of preparing the following media: (a) Bouillon, (b) blood serum.

2. In case of suspected diphtheria state the technic of taking a culture from the throat, the preferable culture medium, the time and temperature of incubation, the preferable stain and process of staining.

3. Name a suitable culture medium for growing the gonococcus:

- (a) Upon what observations does a diagnosis of gonorrhea rest?
- (b) How may the gonococcus be differentiated from the ordinary cocci of suppuration?
- (c) Name one pathogenic organism morphologically similar to the gonococcus.
4. Name five pathogenic organisms which are negative to Gram's method of staining.
- (a) Name five pathogenic organisms which are positive to Gram's method of staining.
5. Describe the morphological appearance of the bacillus typhosus.
- (a) Name two groups of pathogenic organisms from which the bacillus typhosus must be differentiated.
- (b) How would you differentiate them?
6. (a) What pathogenic organisms are commonly found in urine?
- (b) What non-pathogenic organisms and under what conditions?
- (c) How would you demonstrate the presence of tubercle bacilli in the urine?
- (d) With what organism may the tubercle bacillus in urine be confused?
- (e) State the technic of the microscopic examination of urine for bacteria.
7. Name four therapeutic agents derived from the bacillus tuberculosis and state the theory of their use.
8. Describe the protective agencies by which the body guards itself against the entrance and harmful effects of pathogenic bacteria.
9. Examination of two slides.
10. Examination of two slides.

HISTOLOGY.

1. Describe the histological structure of the cochlea of the ear.
2. Describe the histological structure of the cerebral cortex.
3. Describe the histological structure of the mammary glands.
4. Draw a diagram of a cross section of the wall of the urinary bladder showing histological structure.
5. Name the histological characteristics of the cardiac muscle.
6. Name and describe the different varieties of epithelium.
7. Describe the histological structure of the lungs.
8. Two specimens.
9. Two specimens.
10. Two specimens.

HYGIENE.

1. Distinguish between endemic and epidemic diseases.
2. Describe a modern system of artificial ventilation.
3. What reasons can you give for not using personal clothing or toilet articles used by other people?
4. Give the incubation periods of five important infectious diseases.
5. How may sewer gas become dangerous to public health?
6. In what ways do gonorrhoea and syphilis influence population?
7. What diseases are known to be carried by animals and insects?
8. Give the technic for microscopic examination of meat for trichina?
9. Tabulate in the order of their importance the ways in which typhoid may be transmitted.
10. In the prophylactic treatment of syphilis what methods are being used and with what degree of success?

CHEMISTRY AND TOXICOLOGY.

1. Give the chemistry of carbohydrate digestion. (a) in the mouth; (b) in the stomach; (c) in the intestine.
2. Give the chemistry of proteid digestion as above.
3. (a) What is meant by nitrogen equilibrium?
(b) What are the normal daily limits of urea elimination in the urine?
(c) Explain the formation of urea and state how the output is increased.
(d) Explain the formation of uric acid and state how its output is increased.
4. Give the chemical composition of human milk and cow's milk in percentages.
5. State the chemical composition of: (a) Blood. (b) Lymph. (c) Urine.
6. Define: (a) Acid. (b) Base. (c) Salt. (d) Osmosis. (e) Hydrolysis.
7. What are the normal limits, one hour after a test breakfast of: (a) Total gastric acidity? (b) Combined HCl? (c) Free HCl?
(d) Describe the quantitative estimation of a, b, c.
8. (a) Describe two qualitative tests for albumen in the urine.
(b) Describe one quantitative test for albumen in the urine.
(c) Describe one qualitative and one quantitative test for glucose in the urine.
(d) Describe a test for bile pigments in the urine.
(e) Describe a test for bile salts in the urine.
9. State the toxicological effect of carbolic acid and the therapeutic measures you would employ in a case of poisoning.
10. (a) What is the antidote for arsenious anhydrid poisoning?
(b) Give a formula for manufacturing this antidote.
(c) Give a test for arsenic in stomach contents.

Test the vision carefully in every case of ocular injury, even if it is apparently nothing but a "black eye."—*American Journal of Surgery*.

Recurrent attacks of inflamed lids, conjunctivitis, or corneal ulcer in one eye, suggest an infected lacrimal sac. Pressure over the inner canthus will generally cause muco-pus to present in the puncta.—*American Journal of Surgery*.

When a grey or blue eye turns brown and loses sight, after an injury, one may be almost sure of a chip of steel or iron in the globe, that is slowly rusting (siderosis).—*American Journal of Surgery*.

Avoid bichlorid solutions in eye work, as much as possible. After cocain has been used, they may cause a permanent opacity of the cornea.—*American Journal of Surgery*.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

S. F. MARCH, M. D., Kansas City, Mo.

J. B. MITCHELL, M. D., San Francisco

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE VALUE OF AN INTERNSHIP.

It is the prevailing custom for the man who has just graduated from a medical college, to seek an internship in some charitable hospital. Should he be successful in this endeavor it is concluded that he has accomplished much; for does not the experience which he expects to gain therein put the finishing touches on his professional education, and make him competent to treat his prospective patients in the latest approved fashion? Possibly this is true. In fact we are willing to admit that it is true. And yet it is seldom that we see one of these men make a real success of his professional life. Usually he quits the profession entirely, though some of them by great perseverance finally find their feet at the end of ten years or so of precarious existence. This is not as it should be and the writer ventures to suggest some of the reasons therefor.

Notwithstanding the growing tendency to specialize, there is the ever present demand for a doctor who can go from home to home and successfully care for the little girl who has eaten too much candy, the over grown boy with the measles and the pater familia who has caught cold and is sure he is going to die, though he makes a painful effort to be brave. Can the specialist do any of these things? Certainly not. To him the place would be a residence, not a home, and he would stand around in an aimless kind of way trying to think what he ought to do. Probably he

was successful in general practice twenty years before, and hazy recollections of how he used to do it will help him to hold the case until the family physician arrives. He is a "has-been" for this class of work. But the recent hospital graduate is not a "has-been." He never was and probably he never will be. What possible similarity is there between treating a lot of pauper chronics in a hospital ward and any one of the cases suggested? The surroundings are different, the diseases are different, the people are different. Doubtless it is very interesting to learn how to treat paupers, but of what use is it in learning the practice of medicine? How is a man going to make a living treating paupers? If a man has made a success in the general practice and learned some of the things not found in the text books and wishes to prepare himself for a certain speciality; that is a different matter. He has laid a solid foundation, his character is formed, he is prepared to separate the wheat from the chaff, to garner the occasional kernal. He will see all that is worth while and profit thereby. But the recent graduate sees almost nothing. He is impressed by the pompous manner in which the "professor" goes through the ward and hastily "hits off" this patient with a favorite prescription and that patient with another. If he is more observing than the average he will learn that the prescriptions are usually useless, but he will probably not discover that this is because the prescription did not fit the case. The next step is medical nihilism. And with a young man whose character is easily moulded is it a wonder that in a charitable hospital it is so warped that he often comes out a monstrosity? The regrettable part is that he does not know it. There is so much that he now must learn before he can make a beginning. He is a great deal worse off than he would be if he had received no hospital training whatever.

Personally we believe in the old fashioned way of having a preceptor. It has been argued that he is not a good teacher, and doubtless this is true if by the word teacher, is meant a man who can prepare a student to pass a state board examination. But we aver that the successful general practitioner is always a good teacher of the essentials in the practice of medicine. The young are unconscious imitators and constant association makes a student like his preceptor. In ancient times a disciple thus absorbed wisdom from his master. Not very much vocal instruction was deemed necessary. It was a good way then and it is a good way even now. Furthermore a student instructed in this way will be well balanced. He knows of his own knowledge that certain drugs combat certain wrong conditions, and he does not readily give up an old tried drug for a new one the virtues of which are

loudly proclaimed but as yet unknown. He has already learned that a change is not necessarily an advancement. He has a stability which remains unshaken through an active responsible practice. Continuing steadfast, in later years he will reflect upon the rise and fall of new methods and new remedies brought about by the aimless scramble for an automatic cure which will work without the necessity of much thinking.

Eclectic methods and Eclectic remedies are old, but not passé.

TRACE THEIR ORIGIN TO CLIFF DWELLERS—SCIENTISTS DISCOVER MANY STRIKING PROOFS.

Descent of Noted Indians from Ancient Civilization Shown by Relics and Modern Habits of Tribe.

Just what place the ancient cliff dwellers of Arizona and New Mexico occupy in the "Who's Who" of ethnology comes very near being determined by the recent exploring expedition undertaken by Prof. John Uri Lloyd of Cincinnati, Dr. J. A. Munk and Dr. O. C. Welbourn of Los Angeles.

The party, which has just returned from a six weeks' stay near Gallup, N. M., asserts with conviction as a result of its investigations that the Moki Indian is the direct descendent of the cliff dweller, who lived so long ago that his chronological epoch is in doubt.

The identification of the relationship between the Moki and the cliff dweller was made by means of fragments of pottery of the two races.

Prof. Lloyd is emeritus professor of chemistry and head of the Eclectic Institute of Cincinnati. He is perhaps best known as the author of "Stringtown on the Pike." Last year he went to Arabia at the request of the Smithsonian institute of Washington to study Arab types. With his brother C. G. Lloyd, he founded the Lloyd library, devoted to American medicinal plants.

Prof. Lloyd was accompanied by his wife and two daughters who are experienced travelers. * * * *

Dr. J. A. Munk is an authority on Arizona and he is the author of "Arizona Sketches." He possesses the best library on Arizona that is in existence. Dr. Welbourn has traveled extensively in Korea and Japan and rendered valuable assistance on account of his knowledge of Mongolian types. * * * *

"We started from Gallup," said Dr. Welbourn yesterday, "made up our pack train there and proceeded to the Chin Lee settlement of the Navajo Indians at canyon de Chelly. We stu-

died the pottery of the Mokis and the Navajos, and then collected a lot of fragment of cliff dwellers' pottery which we found in the ravines, where they had been thrown centuries before. When Coronado visited Arizona in 1540, the cliff dwellings were deserted and broken as they are today.

"The Mokis today live in the same way that the cliff dwellers did. All they want is a cave, water and a little piece of tillable land. They can raise corn where a white man would fail. A piece of sandy soil with almost no water will produce grain for the Moki, but not for the white man. It is known as the dry process of farming.

Another similarity between the two peoples is their preference for altitude. The government built the Mokis comfortable homes at the base of the cliff some time ago. The tribe moved down and lived there a short while; then they moved back into their houses on the cliff. One reason was that altitude insures immunity from flies and mosquitos. It also furnishes protection against natural enemies. The Mokis live about 350 feet above the plains.

"A comparison of the pottery furnished the most valued proof that the cliff dweller is the antecedent of the Moki. The character of the art of the two peoples cannot be distinguished from one another, while the pottery of the Navajo is entirely different."—*Los Angeles Herald*.

WATCH YOURSELF GO BY.

BY STRICKLAND W. GILLIAN.

Just stand aside and watch yourself go by,
Think of yourself as "he" instead of "I,"
Note closely, as in other men you note,
The bag-kneed trousers and the seedy coat.
Pick flaws; find fault; forget the man in you,
And strive to make your estimate ring true,
Confront yourself and look you in the eye—
Just stand aside and watch yourself go by.

Interpret all your motives just as though
You looked on one whose aims you did not know.
Let undisguised contempt surge through you when
You see you shirk, O commonest men!
Despise your cowardice; condemn whate'er
You note of falseness in you any where.
Defend not one defect that shames your eye—
Just stand aside and watch yourself go by.

And then, with eyes unveiled to what you loathe—
To sins that with sweet charity you'd clothe—
Back to your self-walled tenement you'll go
With tolerance for all who dwell below.
The fault of others then will dwarf and shrink,
Love's chain grow stronger by one mighty link,
When you, with "he" as substitute for "I."
Have stood aside and watched yourself go by.—Ex.

HOW NOT TO RECOGNIZE DISEASE.

That some physicians diagnose ailments, in certain cases, not from actual examination of the patient, but from what is told them by other persons, is the somewhat disquieting accusation made by the *Dietetic and Hygienic Gazette* (October). Says a writer in this magazine:

"We have frequently asked ourselves how many times a diagnosis is made by physicians, especially in somewhat obscure cases, by suggestion from the family or friends. Let us illustrate by citing a case, which for our purpose may be considered a hypothetical one. A lady is taken suddenly dangerously ill at midnight, the family physician is hurriedly sent for, and is told by the husband and mother before entering the sick chamber that the patient partook of a portion of a bad fish for dinner. The mother is sure the fish was bad because it tasted tainted, further stating that she did not eat of her portion, rejecting the first bite; therefore, the patient must be suffering from ptomain poisoning. The physician finds his patient suffering greatly; there are nausea and vomiting, some fever, with rapid and feeble pulse, cramps in the limbs, and tenderness of the abdomen. Calomel is given, followed by a saline cathartic, brandy, and an opiate, with hot cloths over the abdomen. Thus the patient is left until noon the next day, with instructions to the attendant to give opiates often enough to quiet pain. Thirty-six hours from the onset of attack patient dies. Autopsy requested and made, disclosing death from a ruptured appendix. Now the question arises, would a proper diagnosis have been made if the suggestion of ptomain poisoning had not been given, and in that case could the patient have been saved by timely surgical procedures? The moral of this illustration is for the medical attendant to make the diagnosis in the sick chamber after examination of the patient, and not in an anteroom."—*Literary Digest*.

PRESIDENT'S SEMI-ANNUAL ADDRESS.

BY JOHN WILLIAM FYFE, M. D.

Delivered at the semi-annual meeting of the Connecticut Eclectic Medical Association.

Fellow Physicians: In accordance with time-honored custom, I welcome you to the fifty-second semi-annual meeting of the Connecticut Eclectic Medical Association. It would be gratifying to see a larger attendance here today, but the good and true Eclectics before me give ample assurance of a profitable meeting.

The Eclectic School of Medicine was never in better condition than it is at the present time. Our colleges are educating students who find no difficulty in passing the most stringent examining boards. In fact, in many instances, our students have received the highest rating. Our colleges, though not as large as some of the older institutions, are fully supplied with all necessary facilities for imparting a thorough medical education. This fact is especially noticeable in our New York college, where many costly improvements have been made during the present year. Our text-books are fully up to date, and cover all branches of study in which we differ from the other schools. In addition to our text-books we now have twelve well-conducted and prosperous journals earnestly devoted to specific medication.

It is true that the national and state directories do not contain the names of as many physicians calling themselves Eclectics as they did at one time, but the men who constituted the number formerly given in excess of the present numerical strength of the Eclectic school were never Eclectics in fact. They consisted of a class of men whose conduct was exceedingly reprehensible. Many of you undoubtedly remember that previous to the adoption of medical laws by the states a large class of itinerant practitioners were constantly traveling up and down the land. As the Eclectic treatment was different from that of the old school and becoming more popular with the people these mountebanks deemed it good business policy to get their names inserted in the directories and newspapers as Eclectics. While some of the earlier medical laws were not just what they should have been, they proved, contrary to the expectations of their authors, of great and lasting value to the Eclectic school, for by driving these fakirs and abortionists out of practice they prevented their continuing to drag its name down into their pool of filth by claiming to be members of it.

The removal of these undesirable persons from the directory lists is the principal cause of our membership appearing to be less than it was a number of years ago, but as a matter of fact there are more Eclectic graduates to-day than there have been

at any other time. It is, however, to be regretted that a few of our Eclectic graduates have listened to the voice of the tempter and accepted the invitations which have been fervently extended by medical politicians, who, having failed to accomplish the destruction of the Eclectic school by persecution, are now endeavoring to annihilate it by absorption. These politicians tell us that there is no difference in the schools, and purringly invite us to come into the fold and be clothed with the dignity of membership in the mighty old school and thereafter, like the lion and the lamb, lie down down together in peace and happiness, but the lamb must give up his identity and rest, as of old in the lion's belly.

In New York the medical politicians last winter introduced in the legislature a proposed law depriving the Eclectics and Homeopaths of their separate examining boards, but the Eclectics and Homeopaths united—as they always should and secured sufficient votes in the lower house to defeat the unjust bill. As soon, however, as the politicians discovered that their scheme was doomed they removed from their proposed law all reference to materia medica and inserted a clause licensing for six years the six or seven hundred osteopaths in that state and without any medical examination whatever. They in this way secured the influence of the osteopaths, and through the power of this influence, secured the passage of a law which does not require a physician to have any knowledge whatever of materia medica or therapeutics! This on instance of many shows the length to which these scheming politicians will go in order to ignore or humiliate Eclectic and Homeopathic physicians. But, gentlemen, if we prove ourselves men of principle and stand by our college and societies they can no more readily injure our school by tricks than they could in times past by persecution.

In referring to these designing politicians who evidently wish to control everything medical, I do not include the great and noble rank and file of the older school of medicine, for the greater number of them are disposed to deal fairly with us, although many of them believe that the time has arrived when the three schools of medicine should be united in one great body. But I think they are wrong, and that the time for such a union is far from being in sight. There is yet a great deal of work to be done before a union of the schools can become even desirable. We can do much better work as separate and independent schools. The old school has accomplished much of value to humanity along the more scientific lines of investigation, but in the field of materia medica its activities have been nearly worthless to the sick. So far as its own discoveries in materia medica are concerned it

stands but little in advance of its position fifty years ago. Take from it the remedies which have been discovered or developed by the Eclectics and its materia medica would be poor indeed.

While the Eclectic school has not accomplished any great results along the lines of the more scientific research, its earnest efforts along the lines of practical medicine have given to the world a materia medica which fully justifies its existence as a separate school of medicine. Its greatest work, however, is the development of the system of therapeutics known as Specific Medication, which is still improving, and which is evidently to become the greatest blessing ever vouchsafed to suffering humanity. As a separate school it has ever been the ambition of the Eclectics to excel all other schools in their knowledge of our indigenous materia medica. As members of the old school they would be likely to lose this commendable ambition and fall into the ways of the greater number. Thus the chosen work of the Eclectics would be neglected or cease altogether and the world would lose much as a result.

Now, gentlemen, it all depends upon you and I and each individual member throughout the land as to whether the Eclectic school of medicine shall continue a great and potent power for good, for in the course of nature the time will come when we must give way to other and younger men. Are we doing our best to provide for this emergency? Are we sending to our colleges young students in order that they may be prepared to take our places when the time comes for us to surrender the reins into other hands? If not, let every one of us, as we go to our homes, do so with a firm resolution to soon place in an Eclectic college at least one suitable young man or woman.—*Eclectic Review*.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M.D., Cincinnati, Ohio, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M. D., Los Angeles, Cal. President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909, E. R. Harvey, M.D., Long Beach, President; A. P. Baird, M.D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. Dr. M. Blanche Bolton, San Pedro, Cal., President: Dr. P. M. Welbourn, 818 Security Bldg., Los Angeles, Secretary.

NEWS ITEMS.

The opening lecture at the California Eclectic Medical College will be given on September 14.

Dr. Hanna Scott-Turner, Pomona, spent a few days at Hotel Virginia, Long Beach, recently.

Dr. W. L. Jerman has moved from Long Beach to a ranch located near Glendora.

Dr. A. P. Baird has returned from an enjoyable fishing trip in the San Gabriel Canyon.

Dr. and Mrs. M. B. Ketchum spent their vacation in Ocean Park during the past month.

Dr. F. G. de Stone has changed his address from 1860 Webster St., to Rooms 707 and 708 No. 10 Geary St., San Francisco.

Dr. J. W. Williams a graduate of the Class of 1908, California Eclectic Medical College expects to locate in Alaska.

Dr. M. Blanche Bolton, San Pedro, expects to take a vacation during the coming month. She will visit some mountain resort.

Dr. L. A. Perce entertained the members of the Los Angeles County Eclectic Medical Society at dinner on August 4th, at the Hotel Virginia, Long Beach.

The program for the eighteenth annual meeting of the Eclectic Medical Association of the State of Washington assured an interesting and profitable session.

Dr. J. Park Dougall attended the regular meeting of the State Board of Medical Examiners in San Francisco during the first week of August. There were more than a hundred applicants.

The next monthly meeting of the Los Angeles County Eclectic Medical Society will be held on September 1st, at the offices of Drs. Welbourn and Welbourn, 818 Security Building.

There were meetings of the faculty of the California Eclectic Medical College on the second and fourth Tuesdays in August, and there will be meetings on the second and fourth Tuesdays of September. It is important that every member attend these meetings.

DIED: Theodore Judson Higgins, M. D., Los Angeles, on August 10, during a short visit in San Francisco. Dr. Higgins

with his family recently moved to this city from the state of Texas. He was a member of the faculty of the California Eclectic Medical College, holding the Chair of Pathology. He was a most active worker for Eclecticism and his place will be a hard one to fill. The Journal extends sincerest sympathy to his bereaved family.

Dr. J. G. Tomkins has changed his address to 4025 24th St., San Francisco.

Dr. Ovid S. Laws has been on the sick list for the past few weeks.

Dr. H. V. Brown, Los Angeles is spending his vacation in the San Gabriel Mountains and will be gone until the middle of September.

Dr. Hamblin, Westboro, Missouri, writes that he wants a partner. He can put a bright, up-to-date man into a five thousand dollar yearly practice.

READING NOTICES.

CARDIAC TONIC.—“I have prescribed Cactina Pillets in a number of cases of heart trouble and find them a reliable cardiac tonic, especially in weak heart with small, frequent intermittent pulse. They are a specific in functional heart trouble.”—R. A. Clopton, M.D., Milan, Tenn.

Hysteria is the expression of one form of nervous debility. Celerina is thus peculiarly indicated because of its tonic effect on the whole nervous system.

In chronic diffuse interstitial nephritis the patient is generally anemic, and iron will agree with but few. Indeed; in many cases the nervous symptoms are aggravated by its use. Here is where Hagee's cordial of the extract of cod liver oil compound is indicated. It should be given in tablespoonful doses four times a day.—*Am. Journal Dermatology*.

“In the Calcutta Medical Journal for February, 1908, Ghosh makes a few observations on the salicylates as antipyretics and hepatic stimulants. He asserts there are few drugs in the Pharmacopoeia which can excel sodium salicylate in its action on the liver. It stimulates the latter to increased activity, causing an increase in the flow of bile, which is rendered more watery and is at the same time excreted under a higher pressure. In ordinary fever with some hepatic derangement and congestion, it has invariably been used with the customary diaphoretic mixture, with good results. Moreover, the general discomfort and the indefinite

sort of pain over the whole body, so often complained of by such patients, are as a rule relieved by this drug. * * * *

When using the drug in large doses, as in acute rheumatic fever, one should always use the salt prepared from oil of gaultheria. This has the advantage of not being depressant and gives better results, as it does not contain any of the impurities of the artificial preparations."—*Therapeutic Gazette*, July, 1908.

Physicians should bear in mind that all the salicylic acid in Tongaline is made from natural sources and it is on this account that the results are so uniformly beneficial.

Furthermore as an hepatic stimulant and for chronic constipation Tongaline cannot be equalled.

A large dose of antipyrin or quinin will clear up a frontal headache due to acute catarrh of an accessory sinus, by its astringent action on mucous membrane and consequent improvement of drainage.—*American Journal of Surgery*.

A large pupil in an aged patient is a danger signal, suggesting glaucoma with insidious onset.—*American Journal of Surgery*.

A STERILE EYE BATH.

An eye bath fashioned from a single piece of aluminum has been introduced by the Kress & Owen Company.* That this little device will be well received by the medical profession is not to be questioned when one considers the many points of advantage this metal cup has over the old style glass contrivance. It is cleanly, unbreakable, and can be sterilized instantly by dropping into boiling water. The surgical bag in the future will hardly be complete without one of these cups which will give happy results in many an emergency. It will be found invaluable for treating Ophthalmia, Conjunctivitis, eye strain, ulceration and all inflammatory conditions affecting the eye.

Directions.—Drop into the eye bath ten to thirty drops of Glyco-Thymoline; fill with warm water. Holding the head forward, place the filled eye bath over the eye, then open and close the eye frequently in the Glyco-Thymoline solution. No pain or discomfort follows the use of Glyco-Thymoline. It is soothing, non-irritating, and reduces inflammation rapidly.

*One of these eye baths will be sent free upon request.

PHYSICIANS ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

The California Eclectic Medical Journal

Vol. I

OCTOBER, 1908

No. 7

Original Contributions

A CASE OF INTESTINAL OBSTRUCTION*

M. BLANCHE BOLTON, M.D., San Pedro, Cal.

I was called lately to see Mrs. H. who said she was suffering from one of her usual spells of indigestion and vomiting.

Upon examination I found, pulse rapid, respiration shallow and more frequent than normal; tongue furred and breath foul. The abdomen being more or less distended, motionless and tender upon palpation and percussion, but the only location of constant pain as given by the patient was about the umbilicus. However spells of intensified suffering would intervene, causing severe shock.

There were no stools save the day before when very small quantities of blood and fecal matter had passed. Cathartics and enemas were of no avail and all symptoms were aggravated by any medium which excited peristalsis. Digital examination was made thinking the fecal impaction of the rectum might be found. However such was not the case for upon withdrawal of the finger, a small quantity of blood only was found.

A hypodermic of $\frac{1}{4}$ gr. of morphia quieted the pain for a few hours.

The next day I found the pulse more rapid, temperature still subnormal, fecal vomiting and increased restlessness. I then diagnosed intestinal obstruction urging an operation as imperative. However the relatives delayed matters by requiring a consultation with an out-of-town physician. We had to wait all day until evening for the physician to arrive. We then found the following additional symptoms:

General peritonitis, listlessness and collapse. The extremities were livid and cold; respiration was hurried and of the thoracic type, pulse rapid, small and weak. After the consulting physician had corroborated my diagnosis a surgeon was employed. When the surgeon arrived next morning matters had progressed too far, and an operation was useless.

Hoping that this paper will bring out a good discussion I simply wish to say in closing that I somewhat condemn myself for not taking matters more in hand and forcing, if possible, an operation without so much delay.

*Read before the Los Angeles County Eclectic Medical Society

DIFFERENTIAL DIAGNOSIS OF APPENDICITIS.

By A. B. YOUNG, M. D., Brownsville, Tenn.

The diagnosis of appendicitis is ordinarily quite simple, when the three cardinal symptoms, viz., abdominal pain, tenderness and rigidity are present, and the number of errors is small compared with the number of cases reported. Still, numerous complications are met with in which the diagnostician is put to his "wit's end" to make a differential diagnosis between the various troubles or diseases simulating appendicitis.

The amount of manipulation necessary to make a complete diagnosis should be of the very smallest possible. Anything more than very light manipulation in one of these cases must be accompanied by a certain amount of danger, because we do not know the thickness of the barrier between the abscess cavity and the peritoneum. The method of leucocytosis or examination of the blood, has been recently suggested as more accurate than the ordinary clinical methods available in making a differential diagnosis in appendicitis. With pus and abscess formation there is an increased number of leucocytes, the increase being proportionate to the amount of pus formation. If there is no leucocytosis the case is either not of appendicitis, or one of the catarrhal form and extremely mild, or very severe and gangrenous, the patient being in a moribund condition.

Hyper-leucocytosis at once differentiates a suppurative appendicitis from simple colitis, typhoid fever, ovarian neuralgia, impaction of feces and floating kidney. By this white blood count pus can be detected within twentyfour hours and an unfavorable prognosis converted into a favorable one, or vice versa.

The majority of errors in diagnosis of inter-abdominal inflammation consists in mistaking atypical forms for other morbid conditions; thus cases regarded as appendicitis have, upon opening the abdomen, proved to be unsuspected pathological processes. A reliable differential diagnosis can be made only by a careful consideration of all the details and symptoms, and as I cannot give all of them here, and a superficial discussion is of comparatively little value, I will have to refer you for the most of the details to the special works or textbooks, on the symptomatology, and shall here limit my remarks to a consideration of only a few of the most important points.

In the very early stages when there is much pain, the following conditions are to be considered, viz.: Renal, intestinal and biliary colic, gastralgia, cystitis, etc. And in woman disorders of the uterus, adnexa, and pelvic cellular tissue, especially ovarian neuralgia and salpingitis.

Renal colic and cystitis may be differentiated from appendicitis by the absense of the board-like rigidity of the abdominal muscles in the region of the appendix and by the peculiar pain, which is intense and unremitting, being referred to the bladder and genitals. The bladder is very irritable with constant tenesmus and the urine will be found to contain blood, which may be detected microscopically, if not by the naked eye. And as a rule vomiting and fever are absent. We differentiate appendicitis from gall stone colic or chole-cystitis with peritonitis by the pain being higher up in the right scapular region, passing around to the epigastric region. The pain is of a more severe cutting type in the passage of gall-stones, beginning abruptly, and in many cases jaundice makes its appearance in a very short time. Pains are produced by palpation over the region of the gall-bladder, but there will be little or no pain on pressure or palpation in the right iliac region over the appendix, which marks the difference.

To differentiate between gastralgia, intestinal colic or acute indigestion and the beginning of an attack of appendicitis is sometimes a difficult undertaking, as a mild type of appendicitis sometimes very closely simulates acute indigestion with derangement of the stomach and small intestines. But these acute gastric disturbances can usually readily be cleared up by the judicious use of the proper remedies and the non-appearance of the more typical symptoms of appendicitis, makes the diagnosis quite clear.

Acute intestinal obstruction or intussusception may simulate appendicular disease. We must keep in mind that this is a condition which is chiefly met with in childhood; that it comes on abruptly, usually without rise of temperature; there is complete constipation with rectal tenesmus and passage of bloody mucus. If a tumor appears it is not so painful and is quite movable.

A strangulated femoral hernia in a corpulent person might be mistaken for appendicitis, since it is not always easy to make out a small protusion through the femoral ring of an obese person. It must not be forgotten in this connection that coughing does not produce an impulse in strangulated hernia, and there is no rise of temperature, nor tenderness observed over McBurney's point as in appendicitis.

Typhoid fever and appendicitis have been confused and mistaken one for the other. In the beginning of typhoid fever there is usually observed a longer period of malaise with gradual rise of temperature. The patient will bear palpation without much complaint, there being little or no pain in the iliac region. The general picture of a typhoid case differs so greatly from that of

appendicitis that the experienced clinician should have little trouble in distinguishing one from the other. However, in long drawn out cases, without a previous history it is not an easy matter to differentiate between sloughing and perforation in typhoid fever and that of a gangrenous and perforating appendicitis.

To diagnose a case of appendicitis when the appendix is abnormally long, or when it is displaced together with the caecum, may be very difficult, or even impossible. In such cases a true peri-appendicular inflammation and swelling may be taken for a perinephritic, or for gall-bladder trouble. Or, again, the tumor may be found in the region of the umbilicus, or even as has been recorded in the left iliac fossa, and in the pelvis. In such cases, particularly when the previous history is obscure, the diagnosis becomes very difficult, or even impossible, without making an exploratory incision into the abdominal and peritoneal cavities.

In women diagnosis must be made between appendicitis and diseases of the uterus and right adnexa, including tubo-ovarian diseases, tumors, salpingitis, etc. To make a differential diagnosis in these cases will frequently be found a difficult matter to accomplish. Examination of the gento-urinary organs will sometimes establish a differential diagnosis, the hymen being intact and by bimanual examination one can usually determine whether the inflammation or induration and tumefaction is in the pelvis and connected to, or in relation with the uterus.

Inflammation of the right tube and ovary and of the appendix may occur at the same time, and we have in both, rapid pulse, rise of temperature, pain, vomiting, and tympanitis. In such cases the diagnosis may be very difficult. However, appendicitis begins more acutely, the pains being more violent, with marked rigidity of the abdominal muscles, or, if it be a chronic case, there is a history of one or more former, sharp and sudden attacks. Lesions of the tubes and ovaries are usually of older date, and have a history of menstrual disorder, the pains are dull and heavy, and not so lancinating until the peritoneum becomes involved. Vomiting is more common in appendicitis, and rigidity of the abdominal muscles over the right iliac region is almost always present. These constitute the principle differential signs between acute appendicitis and salpingitis. Also between appendicitis and various other troubles and diseases of the uterus and the right adnexa. Judgment should not be too hastily passed on tumors in the right iliac or caecal region, for mistakes are frequently made by physicians and surgeons of distinction.

And an operation or opening of the abdominal cavity becomes necessary to clear up the diagnosis, as in the case of a little eight-year-old girl, which recently came under my observation.

The child had had several attacks of what was supposed to be recurrent appendicitis. The last attack occurring in January last, when several physicians were called into consultation, all of whom pronounced it appendicitis, and as the ordinary therapeutic treatment proved of little effect, an operation was advised.

The patient was taken to Nashville and placed in the hands of a distinguished surgeon, who concurred in the former diagnosis. But upon operation an ovarian tumor of considerable size filled with a cartilagenous substance and a tuft of hair was revealed, which the operating surgeon said was caused by a double conception, and instead of twins being formed in the mother's womb, by some peculiar freak of nature, the child's ovary became affected, making this one of the rarest cases on record. The operation was a success, and the patient made a rapid and complete recovery.—(Transactions of the National Eclectic Medical Association).

THE X-RAY DIAGNOSIS AND TREATMENT OF FRACTURES.

By A. O. CONRAD, M. D., Prof. Orthopedic & Clinical Surgery,
California Eclectic Medical College.

A fracture is a solution in the continuity of bone, the same as a wound is a solution in the continuity of tissues in general.

The diagnosis of a fracture is at times quite easily made and again may tax the skill and ingenuity of the most successful surgeon, and even after a most careful diagnosis by manipulation, comparison, etc., even under anaesthesia, fractures have been replaced in what was considered the correct position, and perhaps a very positive, affirmative prognosis, as to a perfect result, given, when a few weeks later to the surprise and chagrin of the surgeon, upon removing the dressings, there would be either complete loss of mobility in what seemed a trivial fracture near a joint, or else non-union in what may have appeared a simple uncomplicated fracture.

Again, after a most guarded prognosis and a great deal of anxiety on the part of the surgeon regarding what he was positive was a very complicated fracture, and in which he was very apprehensive of the results, would, to the surprise of all, have perfect union and perfect function.

There is a reason for the difference of results in cases so different in their manifestations and which can only be ascribed to an error of diagnosis.

The diagnosis then of fracture becomes a necessity of first importance and presents some difficulties that before the advent of the X-Ray, were well nigh impossible to overcome and even with it at present sometimes difficulties that only one thoroughly versed not only in X-Ray technique, but also in the interpretation of the shadows cast upon the fluorescent screen or impressed upon the radiographic plate, can decide, and even here the gravest errors have been made by misinterpreting the appearances of the bones, with their relationship to each other at different periods of life, as before ossification of the various portions, etc.

Apparent epiphysal separations, normal in children, have been diagnosed as fracture, while a real fracture was overlooked perhaps by making the common error of not examining the part in different positions, as for instance, a fracture of the olecranon, while very clearly defined when viewed laterally, may be difficult or impossible to detect when viewed antero-posteriorly.

The same may be said of Colles fracture when the direction of the line runs in a slanting direction from the anterior to the posterior portion of the bone. Here an ant-post-view, especially by an inexperienced observer may seem normal, when a lateral view would show great displacement.

The surgeon, who would employ the X-Ray as an aid in making a clear diagnosis, must first of all familiarize himself with the normal appearance of the various osseous structures, as their density, as well as their relative positions, are so different at various periods of life, for instance, in children, take the elbow-joint, and we find that the osseous nucleus of the interior of the Capitulum Humeri appears between the second and third year, another nucleus shows in the internal Epicondyle at the fifth year, a third in the Trochlea between the eleventh and twelfth year, and soon after, another in the external Epicondyle.

The nucleus of the internal Epicondyle unites with the Diaphysis between the sixteenth and twentieth year; but the other three nuclei form a synostosis among themselves at the seventeenth year, then constructing the uniform osseous Epiphysis which completes its synostosis at about the twentieth year.

In very young children, the Eminentia Capita appears as if entirely separated from the Humerus, although its relations are normal. This is easily explained by the fact that the epiphysal tissues are not sufficiently ossified to produce a shadow on either the screen or the plate.

Again, we find that the lower Epiphysis of the Humerus consists of four nuclei, which do not ossify until from the eighth

to the seventeenth year. The fractures of childhood are also influenced by disease, as Rachitis, which sometimes delays ossification.

We have but to consider a few of these physiological facts to see at once the great difficulties in diagnosing fractures; for errors can be made by mistaking a normal point of ossification for a detached fragment. Such a case recently was the basis of a suit for damages. The patient, a lad of ten, fractured the external Epicondyle, which the radiograph plainly showed. Callous formation prevented full movement of the elbow-joint and the parents being dissatisfied, called on Dr. X., a surgeon, who had another radiograph taken, which when produced showed the Epicondyle in normal position, but apparently loose, as ossification as mentioned before, does not occur before the seventeenth year.

The radiograph, not having been accurately centered with relation to the focus tube, produced an exaggerated position and an apparent displacement. The surgeon diagnosed the case as one of fracture of the Capitellum, by mistaking the shadow of the normal Epicondyle as that of the Capitellum displaced and united in a false position. He subsequently operated and removed the normal Capitellum, relying upon the falsely interpreted radiograph, instead of upon his surgical skill and the result of the operation was a so-called flail joint.

The surgeons who first attended the injury, were sued for mal-practice and only by production of a number of radiographs of normal elbow structures, could the jury finally be convinced of the error of the operating surgeon and the suit was therefore dismissed.

Another source of trouble as intimated earlier in this article, is the position in which the limb is placed when the skiograph is taken, for illustration; place your two index fingers, side by side, upon a photographic plate, expose the same to the action of a tube and upon developing the negative, you will find that two fingers side by side are shown. Now place one finger above the other and make another exposure and you will find that the result will look like one finger, as the superimposed images are hard to distinguish and appear really as one object.

A case in practice will illustrate this point and show its importance. Mr. C., 25 years of age, had a heavy iron weight fall across the Femur, with a resulting fracture. He was removed to a hospital where the house surgeon set the limb, but after four weeks immobilization and extension, was surprised to find that there was non-union. He at once, upon discovering this, made an ant-post. radiograph and was surprised to find that this

showed an apparently good reduction and was extremely puzzled by the non-union.

Upon being called in consultation and viewing the radiograph he had taken, it was at once apparent to me that he should also have taken one laterally, which I now proceeded to do and when developed, it showed a displacement between the fractured surface of one-half inch. It also showed that extension had not been carried far enough to pull the fragments into correct apposition. In this case the operation of wiring was resorted to with a perfect result.

In skiagraphing the bones of the skull, face, spine and ribs, we have a great many difficulties to overcome, as here we always have bones superimposed upon one another and only a most careful and painstaking examination of the radiograph can detect the fracture.

As regards perfect reposition, the X-Ray has in old fracture cases shown how the most competent surgeons sometimes make very grave mistakes. Carl Beck, Surgeon to New York Post-Graduate School, gives a number of very interesting cases that came under his notice, one being a fractured fibula, skiagraphed after being set by a very prominent surgeon, and assumed to be correct. The skiagraph showed the fragments actually overlapping. Another case he mentions, is one in which he himself was unable, in an injured elbow, to detect any marked symptoms of fracture, except at the external condyle, but the skiagraph revealed the presence of a fracture of the head of the radius associated with considerable displacement, infraction of the external and fracture of the internal epicondyle, the latter without displacement.

Since he could so easily locate the displaced radial fragment, he thought that he could also succeed in easily reducing it, but neither he nor any one of a number of other surgeons were able to palpate it. The position of the fragment was marked and pressed inward, (being displaced outward). A fenestrated plaster of paris dressing applied and a radiograph taken which im-politely showed the condition worse than before. After four attempts at reduction, with the arm extended, he succeeded in replacing it.

This brings to light also another point of great value, viz., the necessity of operative interference, for when reposition is shown to be impossible, it at once also shows operative treatment to be imperative and further, will prove if after operative procedure there is a perfectly satisfactory result.

In some fractures we are unfortunate enough to have as a complication, a separation of the fragments by the intervention of muscle tendon, cartilage, etc., (diastasis). Here again the X-

Ray gives the only proof as to whether or not, the parts can or cannot be brought into apposition and retained there.

After a fracture has had the proper dressings applied for the required time, we are often much concerned by what seems an abnormal amount of fixation and here again, the use of the flouroscope will help diagnose the trouble. It may be that the fragments became displaced subsequent to their reduction, a callos may extend in such direction as to interfere with the proper function of the joint, or it may be due simply to prolonged fixation and simply require passive motion for its connection.

And last, but not least, the medico-legal side of the question is most interesting, especially if you have had the intense pleasure of being sued for damages for mal-practice. Here a radiograph taken before and one taken subsequent to the reposition, will be one of the greatest factors in your defense; only be sure the radiograph is marked in such manner that you have proof of correct technique in placing the lesion correctly with regard to the angle of the rays.

You must be able in court to prove that the radiograph is free from distortion, or else be able to show the exact amount of distortion present, which will carry more weight if the party claiming damages happens to present a radiograph which lacked evidence of correct exposure, and which likely as not, has been purposely so placed, in order that it will show the greatest amount of distortion, which would make a trifling lesion, or even a normal joint appear greatly out of proportion and so strengthen their case.

The author recently had such an experience in which it was necessary to satisfy the court and jury of the correctness of a skiagraph he had taken, to take one of a normal join in both the positions in which the one claimed to be correct, had been pos-tured, and then one in the position in which it would have to be placed, in order to produce the result shown in the one presented by the prosecution.

It is unnecessary to state that such evidence of correct technique would go a long way in establishing the fact that due diligence and a reasonable amount of care had been showed by the defendant.

In subsequent articles, diagnosis and treatment of the various individual types of fractures will be discussed.

An easy means of holding a small scalp dressing in place consists in tying over it strands of the patient's hair.—*American Journal of Surgery.*

A CASE IN PRACTICE.

F. G. DE STONE, M.D., San Francisco, Cal.

August 15th, about ten o'clock I responded to a "hurry up" call and was ushered into a small bedroom where lay a young English woman of about thirty years of age; the females of the family were weeping loudly and the man in the case seemed distracted and as soon as I entered, grabbed me by the arm and almost hissed at me, "Aw docter, but this is a rum go, don't cher know, but you must do something that quick."

I found the woman had taken a teaspoonful of chloroform and she now lay on the bed in rigors similar to those of strychnine poisoning, she shook so hard that the bed shook with her. Her heart beat so fast I could not count it, and death seemed imminent.

I ordered them to give her a teaspoonful of sodium bicarbonate in a glass of water while I got a hypo ready of morph., 1-8, strychn., 1-50 and Apomorph., 1-10 and shot it into her. I do not know whether that was a scientific stab or not, it was all I had with me, and this was the first case of the kind I ever saw, but as it won out I have the best of the man who says it was a "Rum go."

For a time the rigors increased, she became stupid for a few minutes and then threw her arms in the air as I shook her, and let out a yell for a basin and the way she rolled out soda and Tait's French dinner made the Englishman's eyes bulge out.

The turn in affairs relieved me almost as much as it did the woman for I do not know what I should have done had she not helped me out.

In about half an hour the heart became somewhat normal, the shaking ceased and aside from fits of uncontrollable laughter she was all right.

A visit the following morning found her all right save a little "jagginess."

SHOULD A DOCTOR DISPENSE HIS OWN MEDICINE?

THEODORE JUDSON HIGGINS, M. D.

The doctor who dispenses his own medicines has more than once been the personality attacked by a certain class of druggists and just at this time we find that history is repeating itself. Certain individuals both of the American Pharmaceutical Association and of the National Association of Retail Druggists are doing all in their power to secure legislation, to have prohibitory measures passed to make it unlawful for physicians to dispense their own medicines. To analyse some of the paragraphs ap-

pearing in the editorials of the more rabid Pharmaceutical publications one might be led to think that all knowledge of medicine might be found only to exist amongst the profession of Pharmacy, and that circumstances surrounding them now were not very much better than they were several centuries ago, when apothecaries prescribed their own remedies on their own responsibility, without the countenance of a member of the medical profession. During this period if a pharmacist was even threatened with censure or any other punishment by a licensed physician they retorted by discontinuing to call him in consultation and by using their influence to ruin him in every way possible. Of course jealousies and hatred soon sprang into being. Naturally starving graduates in medicine with diplomas from great colleges such as Oxford and Cambridge would assuredly become embittered if for nothing else than the fact that they were compelled to tramp the steets with their diplomas in their pockets. Especially when they saw the mean mixers of potions and pills (who had scarce scholarship enough to construct a Latin prescription) dashing by in their carriages. Of course the natural out-come of these heartaches was a paper warfare, as rancorous and disgraceful as any disagreement ever prescribed in literature. The scientists and students called the rich tradesmen thieves, swidlers (the use of the word grafter was not appreciated) and unlettered disreputable block-heads. The rich tradesman taunted the scholars with discontent, falsehood and of ignorance of everything practicable except Latin and Greek. Of course the majority of enlightened people took sides with the educated physicians. In the protracted dissensions between the physicians and the apothecaries Pope was a cordial supporter of the physicians. For instance in his Essay on Criticism he accuses the penny-a-liner critics of acquiring their smattering of learning of poetic art from the poets they assailed. He compared them to apothecaries whose information was pilfered from the prescriptions they were required to dispense. We will quote: "Then Criticism, the Muse's hand maid proceeded to dress her charms and make her more beloved; But following wits from that intention strayed; Who could not win the mistress, wooed the maid; Against the poets their own arms they turned, Sure to hate most the men from whom they learned. So modern 'Pothecaries taught the art, by doctor's bills to play the doctor's part, Bold in the practice of mistaken rules, Prescribe, apply and call their masters fools."

Circumstances are much different now than then. Both the true physician and the true pharmacist are much better qualified now than they were then. It would seem to us that they

should be more liberal. It is simply ridiculous that in the 20th century there should be so much jealousy, envy and hatred between and amongst the professions. It is only fair to assume that the physician at the bedside is qualified to dispense his own medicines or at his office for chronic cases as he thinks indicated. The right to furnish medicine to his patients is as natural to the physician as the use of a saw is to a carpenter. The physician should have a true knowledge of Pharmacology and of the chemistry of medicine and if he so desire a practical knowledge of the art of pharmacy. One might truly say that the carpenter must not saw a board or drive a nail just because he does not understand the art of making saw steel and the general working of metal, and yet would not the average metal worker make a fizzle of constructing a house? Yes, just about as good an example as the average druggist makes by counter prescribing and by trying to prevent the physician dispensing the medicine made by his art. Gentlemen, let us exercise a little common sense. It is hardly probable that the efforts at present being put forth by this galaxy of individuals (for we can hardly believe that the majority of intelligent pharmacists are parties in any sense of the word to this infamous proceeding) will amount to anything of importance, still it *behooves* every intelligent physician to be alert and to use his influence to prevent any such unjust legislation. An editorial which appeared in a recent issue of the Western Druggist commenting on an article by B. L. Maltbie in the Medical World serves to illustrate the position taken by certain people who claim to represent American intelligence; "If by a statement that the majority of physicians are *obliged* through force of circumstances to dispense, (the doctor refers to emergency or bedside dispensing) no one is disposed to dispute it and no one has any objection to this necessary dispensing. In fact, the right of the physician is so axiomatic that it needs no demonstration and has never been disputed." Now as a dispensing physician I would contend that if we have the right to dispense in emergency or desperate cases we certainly possess the right to dispense for the less acute and less dangerously ill, for as all physicians and surgeons know, the greatest degree of learning and skill is called forth in desperate cases. This same editorial insults the dispensing doctors by making the following assertion: "The proportion of incompetent druggists is no greater, and probably not nearly so great, than the proportion of incompetent physicians. It is usually the less competent physicians who practice dispensing. The dispensing physician is constantly giving the next best thing, when the drug he knows he should have is not in his necessarily small stock." So much for the Western Drug-

gist. In comment let us say doubtless the *editor's judgement is an honest one*. He knows what he would do provided he had the chance, and consequently he adjudges others accordingly. We are dispensing physicians and surgeons and we find it very convenient to carry a full line of remedies for our practice. We have no quarrel with our brothers in the Pharmaceutical profession and at any time on special lines which we carry we are very much pleased to work in harmony with our local pharmacist and to supply them often times from our stock and we believe that they are our friends and that we possess many friends in the pharmaceutical profession throughout America. We therefore most seriously resent these remarks against the medical profession as a whole believing that the true physician and the true pharmacist are working harmoniously throughout these United States and the world at large.

We have no quarrel with the druggists, but remember the physician's business is of such a nature that he must be unhampered and free to act and to do whatever he deems best for his patient's best interest. Now we wish to reiterate; We, *the writers of these papers are dispensing physicians and proud that we are* and we suggest, doctors, that you keep your eyes and ears open, use your influence to prevent any legislation toward *forcing* you to use a *prescription pad* for any of your patients who require medicine. By all means dispense your own medicines. Squeeze the water out of every fad, learn to estimate the true value of every remedy and then like the experienced ax man you can learn to hew exactly to the line. This is the truth of the matter as we see it. Having spent the cream of our life in the study of these subjects and as an experienced and practical pharmacist as well as physician and surgeon we feel that unless a doctor does understand the chemistry of medicine he has no earthly business to prescribe a combination; on the other hand, knowing his pharmacology and the results to be expected he certainly possesses the right to prescribe and to dispense as well, whenever and wherever he sees fit to do.

WATER IN PEDIATRICS.

John M. Fearn, M.D., Oakland, Cal.

What a wonderful boon to man is pure water. 'Tis a boon to the sick and to the well, to the young, and to the old.

By long observation I come to the conclusion, that water is not used among the sick as much as it should be; especially amongst infants.

Let me illustrate. Many years ago I was called to administer to a child in the night. As I stood by the bedside how it

did cry. I watched it closely for a little while, and soon came to the conclusion that its cry was not from pain, but from want. And that want was water. I fed cold water to it, and how eagerly it drank it down, and when it had received sufficient, it fell into a sound, refreshing sleep.

My diagnosis was specific. And my remedy was specific. I never forgot it. I say let the child have plenty of water. What does it do? It soothes and cools the gums and the inflamed glands in the buccal cavity. It cleanses the stomach, it increases the action of skin, kidneys and bowels. And by all these means it lessens fever. This water may be plain or it may be medicated by alkalies or acids, etc. Then think of its value in flushing the bowels. Surely no doctor who has ever seen it used would think of treating bad cases of colic, cholera infantum, typhoid fever, dysentery, feculent diarrhoea, etc., etc., without using bowel lavement. A few weeks ago I was called to see an infant four weeks old. I was informed it had cried almost ever since it was born. I came to the conclusion that it was a case of severe colic, largely due to artificial feeding, the mother's milk having been dried up. The colic had continued so long that the bowels and stomach were very tender. Attention to food and giving simple remedies did a great deal. One teaspoonful of tincture of asafoetida added to warm water half a pint was slowly passed into the bowels. It soon came back with considerable discharge of gas, and the child was much relieved. Then think of the local application of water, either hot or cold as the physician shall indicate, by packs: To the abdomen in enteritis and gastritis; to the chest in pneumonia and pleurisy; to the throat in laryngitis and tonsillitis; over the bladder in cystitis; and also to the joints in arthritis. In using these packs be sure that they are properly applied. See that the wet flannel is properly covered up by the oil silk and over all dry pads; in this way the moisture and heat are kept in, and the bed clothes are kept perfectly dry. In cases of very severe sciatica, few procedures will bring such relief to the sufferers as a well-applied pack, medicated as specific conditions may indicate.

In fevers with very high temperature a good blanket or wet sheet pack, enclosing the patient from head to foot, will do more for the patient's comfort, will bring down temperature quicker and will do it more safely and much quicker, than any coal-tar preparation ever made. And, in my opinion, it is far better than the old fashioned steam or vapor bath, and this is saying much, for this writer has seen those procedures do wonders for the sick, breaking up fevers and con-

gestions, and restoring very sick people to a normal condition in a surprisingly short time.

Now what shall be said about foot baths, sitz baths, and full baths in diseases of childhood? I say their effects are simply marvelous. No one who has not witnessed their effects can have the faintest idea of the therapeutic worth of these procedures.

Let me close with one illustration. Over thirty years ago I was called to see a little boy very sick with scarlet fever. It was a home of comfort and plenty. But it was their only child and they feared he would be lost as so many others had in that neighborhood, for the disease had been very fatal. Temperature was very high, the skin hot and dry, the brain surcharged with blood, the eyes bright and staring and the boy almost worn out from lack of sleep. How anxiously those parents waited for the doctor's prognosis. Was there any hope? I told them if they would give the boy a hot bath as I would suggest, he might be saved. But they durst not take the responsibility of putting him in a bath. They begged me to stay and see to giving the bath. A very large milk can, such as were used to carry milk to the cheese factory, was brought into requisition, the boy was placed therein and water as warm as could be comfortably borne was poured in until it came up over his shoulders. Then a turban was made of several thicknesses of flannel; this was placed on his head. Then I took a big jug of cold water and very slowly poured this over the turban till every part was thoroughly wet. The head soon became cool, the eyes less bright and staring, the skin softened up. He was lifted from the water, rolled in a blanket and put into bed. In a few minutes he was in a refreshing sleep, and after a long sleep he woke up, the fever abated. The crisis was passed, he was safe, and those people said they had never seen anything like it. And I am of the opinion that there is no medicine known to physicians that could do such work in so short a time, as that simple application of hot and cold water.

Moral: In Pediatrics never forget water inside and out. I used to tell my class in the California Medical College, that if in my practice I had to give up either medicine or water, sticking to one only, I would give up medicine and keep to water. (Transactions of the National Eclectic Medical Association.)

Transverse scalp wounds require comparatively many sutures, longitudinal wounds but few.—American Journal of Surgery.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

S. F. MARCH, M. D., Kansas City, Mo.

J. B. MITCHELL, M. D., San Francisco

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

MILK DIET.

As an article of diet, milk is universally used by those people who are commonly designated as pastorals. While goats, sheep, camels and mares are pressed into service to furnish man with his so-called "food from nature," yet it is of the docile cow that most of us think when the source of the milk supply is discussed. As above suggested, the drinking of milk belongs to a stage of civilization which if not inferior, at least preceded that of our own. To rob the young of other animals was an easy way to obtain nourishment, and they did it. It has been said that man became a milk drinker because of the habit developed in his extreme youth; but this we doubt, having never been able to find a man who has a distinct recollection of ever indulging in his mother's milk, let alone remembering the flavor thereof. Our ancestors originally drank milk because they were hungry and it was easy to get. Our children drink milk because they are hungry and it is placed before them. We do not drink milk today because of any sentiment, nor do many people, especially like its flavor. We use it because our ancestors did; and because there is an unshakeable belief that it is wonderfully nourishing. With most people milk is "the nature's food," and to most people any "nature's food" is a kind of fetish. A contrary suggestion is a kind of sacrilege, and a contrary argument falls upon deaf ears. The majority of the American people are

milk faddists when they are well, the remaining minority are milk cranks when they are sick. If a patient has an indigestion and is unable to eat pork, cornbread, cabbage and pickles; then he thinks of nothing but milk, milk, milk, and the doctor is forced to consider the same threadbare argument of nature's food, just as though the idea had never occurred to him before.

The argument is usually presented about like this: The healthy new-born calf gets warm milk in dribblets from its mother's udder and waxes exceedingly strong; therefore all that is necessary for a man to do who has a broken down alimentary tract, is to gulp down a glass of ice-cold milk, and presto! he is strong again. Such a patient is hard to manage. You try to teach him that human milk is quite dissimilar to cow's milk, but he replies that he drank it when he was a boy and is still alive. Possibly you will suggest that he also ate raw potatoes, green fruit and mud with equal gusto, and as these are "nature's foods," they are in order also. Then you show him that to be measurably consistent he must take his milk through a very small straw and blood warm direct from the cow; but he doesn't relish warm milk. However he still insists that he is a "back to nature man" and must have nature's food, so there is nothing the poor doctor can consistently do but to get the patient a wet nurse and leave nature to effect the cure.

It is our belief that the use of milk kills many times as many people as any other article of food. And at the same time we wish to state that we have no patience with the assumption that the milk in a cow's udder contains bacilli tuberculosis or any micro-organism whatever. But there is no doubt but that as furnished to the consumer milk is contaminated with all kinds of bacteria and in numbers almost beyond belief. The difficulties of procuring a quart of milk uncontaminated, and keeping it so until served to the consumer, are almost as great as those met in performing a clean abdominal operation. There is this striking difference however, that in the latter the patient recognizes that his life is at stake and he is willing to pay a considerable sum of money to carry out the necessary technic; but in the former he does not recognize that his life is at stake and he haggles at 8c. In other words while it is theoretically possible to deliver pure milk to the consumer, practically it is not worth the cost of production. Therefore with the knowledge that milk contains all kinds of bacteria, as well as manure, flies, sweat and tobacco juice, what do we do to it? Most people sterilize it. This procedure is designed to kill the bacteria, and we try to forget about the etcetera. Of course by sterilizing milk it is changed as to its original constituents and it certainly is no longer a "nature food," but we forget that part also.

Milk as found in the cities is the filthiest and most dangerous article of food at present served to the human race. It might truthfully be said of it "Eat, drink and be merry for tomorrow you die."

NEW MEDICAL LAW TO BE SOUGHT FOR STATE.

That the agitation about the State Board of Medical Examiners for alleged discriminations in the conduct of examinations, will result in action farther reaching than the mere investigation of the charges, is evidenced by the fact that a draft of a new law already has been made, providing for the reorganization of the State Board on entirely new lines.

The proposed law, prepared under the direction of a Los Angeles attorney, will be presented to the next session of the legislature.

It is designed to eliminate most of the alleged abuses of the present law and institutes radical changes.

It provides, first, that the appointment of members of the State Board shall not be made, as at present, upon recommendations of medical societies and associations in the State but shall be made by independent selection.

This change is designated to bring the State Board from under the control of the organized medical societies, which it is alleged, have used their powers in the matter of recommendations to the State Board to form a close monopoly in the matter of distribution of medical licenses.

As another change, the new law will make a regular provision for the review of examination papers, in cases such as the present agitation, where applicants complain that they have been treated unfairly.

Provision also will be made for the granting of licenses to physicians from outside states, who can present approved credentials of graduation from colleges of recognized merit and can show a certain number of years of active practise.

Another section will provide that students graduated from approved medical schools in the State of California shall be admitted upon motion, just as is done now in admitting law school graduates to practise.

Other minor reforms are aimed at.—*Los Angeles Express*.

DOCTOR VERSUS QUACK.

Did it ever come to your mind that our long, great, valiant fight for medical registration, state board of examination, four year courses, for medical organization and dignity, has ended in

utter failure? We are just where we began twenty years ago. Then the Sick Citizen had a choice between quacks and regular practioners and the law could not be invoked to protect the citizen from greed and ignorance. How is it now? The law now demands the legalization of osteopaths and eddyites and Albany (not heaven) only knows what other forms of Healers and healers. Progress is giving the former illegal and despised quack a legal and professional status. Isn't that an atrociously funny result of the generation—long demand for professional exclusiveless and registration? But only sillies can fail to see that it is leading to the right of the citizen to choose his doctor, or his quack, or his murderer as he pleases. And nothing on earth or heaven can prevent this democracy.—*George M. Gould.*

THE TRAINED NURSE OF TODAY.

In the Mobile Medical and Surgical Journal, July 1908, is an article describing the trained nurse of two decades ago and describing her evolution down to the present day and enumerating her faults. The article is interesting and well written yet would it not be better to draw the mantle of charity over her faults, and remember only her good qualities? Let us remove the beam from our own eye ere we seek the mote in our sister's eye.

My experience is that the trained nurse is the physician's best friend and if the nurse was better treated by some physicians, she (being human) might feel inclined to look after the doctor's interests more closely. The physician and nurse should work together in perfect harmony and assist each other. It is just as much the doctor's duty to look after the welfare of the nurse as it is the duty of the nurse to protect and promote the doctor's interests.

The nurse who does private work, nursing in the homes and especially in country homes, is often imposed upon by the family and neglected by the doctor. This is not from malice or done intentionally. It is simply thoughtlessness. When the nurse comes and takes charge of the case the doctor gives instruction as to giving medicines, etc., gets in his buggy and drives away feeling sure his patient will have good attention, that his instructions will be followed to the letter, and the nurse assumes all responsibility except the prescribing of remedies. The family turn over to the nurse the nursing of the case, the care of the room, the preparation of the patient's meals, the removal of slops from the sick room, and in fact all work and care in any way caused by the patient.

The nurse is busy all day giving medicine, preparing meals, bathing and massaging the patient and doing the thousand and

one little things, no one of which amounts to much but all of which help to make the patient comfortable and make him satisfied that he has the best doctor in the world. All night she must give medicines every one, two or three hours, and is called on many times to give some little attention to the patient. Sometimes she works like a trooper all night, and this is not only for one night but every night throughout the illness, and if it be a protracted case the nurse is worn out ere it is ended.

Doctor, how would you like those hours and amount of work? I have always tried to look after the interests of my nurse. I call the attention of the head of the family or the one in charge to the work the nurse is doing and to the little rest she gets, and demand that some one be provided who can look after the patient while the nurse gets enough rest and sleep to maintain her own health if it be a protracted case. I also demand that the nurse have not less than an hour in the open air each day. The nurse will appreciate this. The family of the patient will see that it is reasonable and not object, and the quality of the nurse's work will convince the doctor that a charitable deed is never thrown away. I also try to impress on the minds of house-keepers that it is not the duty of a trained nurse to do any of the house-keeping or cooking except in the preparation of special dishes for the patient.

Doctor, don't forget to look out for your nurse's welfare and you will have no cause to complain of "the way trained nurses treat physicians."

DISPENSING OF POISONS.

Much has been written on this subject, yet we can never sound the note of warning too often, especially to those whose experience with the handling of active poisons has been limited. The possible danger of carelessly handling and having vials containing active poisons mixed with other vials containing drugs is great, no matter who handles them, for no one is infallible.

The writer, only a few days ago, had the painful experience to administer antidotes to a young physician who had taken fifteen grains of bichloride of mercury, tablet form, in a mistake for lithium tablets.

He being of a rheumatic diathesis and his kidneys being somewhat inactive, he was in the habit of taking two lithium tablets in a glass of water before retiring. During the day he had bought at the drug store bichloride tablets which were dispensed in a vial which was almost identical with the vial containing the lithium tablets. He placed the vial containing the bichloride on the same shelf with the lithium vial, and that even-

ing he dissolved two bichloride tablets in a glass of water, thinking he had the lithium, without reading the label, and did not discover his error until he had all the solution in his stomach.

This was, of course, a bad and painful mistake on the part of the doctor, but had the bichloride been dispensed in a special "poison bottle," he would at once have discovered his error as soon as he touched the bottle. *All* poisons should be dispensed in rough and colored bottles so that they could be distinguished readily at night by the touch of the hand.

It is true that every one should always read the label before taking any medicine, but why not have double precaution when no expense or even energy is required to give us such protection.

It would also be better to have all bichloride solutions and tablets colored with methylene blue, which has no influence on the antiseptic and germicidal properties of the mercury.

—*Monthly Cyclopedia and Medical Bulletin.*

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M.D., Cincinnati, Ohio, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M. D., Los Angeles, Cal. President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909, E. R. Harvey, M.D., Long Beach, President; A. P. Baird, M.D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. M. Blanche Bolton, San Pedro, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

COMMITTEE ON MEDICAL LEGISLATION

In view of possible new medical legislation next winter at Sacramento it has been deemed advisable to appoint a Legislative Committee from the Eclectic Medical Society of the State of California, to conserve Eclectic interests in the legislature as follows: Dr. L. A. Perce, Long Beach, chairman; Dr. J. C. Mitchell, San Francisco; Dr. J. C. Solomon, Los Angeles; Dr. H. C. Hervey, San Jose; Dr. H. Scott Turner, Pomona, and Dr. G. W. Stout, Ukiah.

DR. J. A. MUNK, President.

To the members of the Eclectic Medical Society of the State of California:

The next meeting of this Society will be held in San Francisco, April 27-28-29, 1909. Important business must be transacted at that meeting; all Eclectics are vitally interested. The grand and noble principles of Eclecticism still remain. The continuance of the privilege of free thought and action in medicine depends largely upon those who show their loyalty by their attendance and support.

Our organization must be perfected, and with the present attitude of the National Association, such a unanimity of action is about to be realized. It is important that all should realize the necessity for a closer alliance, affecting as it does the status of American medicine.

Your attendance and co-operation is not only urged, but expected.

J. A. MUNK, President.

J. PARK DOUGALL, M.D., Secretary.

LOS ANGELES ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on Monday, September 1st, at 8:00 p.m. at the offices of Drs. Welbourn, Security Building.

Dr. M. Blanche Bolton read a paper on Intestinal Obstruction.

A number of interesting clinical reports were made by different members.

The next meeting will be on October 6th, at the same place at which time Dr. Conrad will read a paper and Dr. Turner will report a clinical case.

Adjournment.

P. M. Welbourn, Secretary, M. B. Bolton, President.

NEWS ITEMS.

Dr. W. L. Jerman, formerly of Long Beach has changed his address to La Canada, Cal.

Mrs. A. B. Simmons, wife of Dr. Simmons of Chino has been visiting in Long Beach for a few weeks.

Dr. A. O. Conrad, Tropico, has returned from his vacation which he spent at Ocean Park.

Dr. B. Roswell Hubbard will take his vacation during the coming month hunting quail.

The college opened on schedule time, Monday, September 14th, and everyone was in his proper place at the appointed time.

Germain Ray who has been the guest of Doctor Perce of Long Beach for the summer, has returned to his home in Youngstown, Ohio.

Dr. L. A. Perce and Dr. E. R. Harvey are planning to join an automobile party on a quail hunting trip as soon as the hunting season opens.

There was a called meeting of the trustees of the College on Sept. 14, which was to consider important matters in regard to the College welfare.

Dr. Jennie M. Covert, Chicago, who has spent the past year in Los Angeles has returned to her home. Dr. Covert presented to the College a full set of metallic splints for fractures of infants.

Dr. A. P. Baird has returned from a fishing trip in San Gabriel Canyon and at Redondo. Dr. Baird has moved his office from the Auditorium Building to the International Bank Building.

There were meetings of the College faculty on the second and fourth Tuesdays in September, but during October there will be but one meeting which will be held on the third Tuesday, Oct. 20.

The September meeting of the Los Angeles County Eclectic Medical Society was well attended. The October meeting will be on Oct. 6, at the offices of Drs. Welbourn, at which time Dr. Conrad will read a paper.

Dr. F. N. Folsom, Forestville, Cal., writes that he desires to change to a location in a city and would like to dispose of his practice to an Eclectic. He is located in a prosperous fruit-raising district, and is the only physician within eight miles. Income \$3,000 to \$4,000 yearly. Terms easy.

Henry M. Owens, has moved his office from 710 Fillmore Street to 410-411-412 Mechanics Savings Bank Building, San Francisco. Mr. Owens was Professor of Medical Jurisprudence in the California Eclectic Medical College when the College was located in San Francisco.

We would like to call the attention of every Eclectic physician in the state to this matter of Medical Legislation. It is time that every one should wake up and get busy. The committee on legislation will take the lead, but every one must help if they are to accomplish anything.

Dr. Peterson was severely burned and nearly lost his large touring car a day or two ago. In making a professional trip near Santa Ynez, while traveling at a high rate of speed flames shot from beneath the body of the car. On investigation he found the drive chain had gathered straw from the roads, which sparks from the engine had ignited. Dr. Peterson succeeded in putting out the fire, but his hands and arms were seared.—Ex,

Sacramento, Sept. 12.—There will be no investigation by Governor Gillett of the charges made at the recent examination of the State Board of Medical Examiners that partiality was shown students from the Cooper Medical college by the members of the Board.

Charles L. Tisdale, secretary of the Board, was in consultation with the governor this morning, and at the conclusion of the conference it was announced that the executive was satisfied the accusations had no foundation—*L. A. Express*.

THE FIRST SYMPTOMS OF MIGRAINE.

Dr. J. J. Caldwell of Baltimore, Md., in "Medical Progress" writes as follows: "The treatment of migraine, to be correct, must be adjusted on the basis of the element of causation. Constipation, if present, should be treated by a proper dietary and regular habits, but purgatives should be avoided. Only mild laxatives should be employed, and they should be abandoned when diet regulates the bowels, as proper diet will do. During the premonitory stage we can generally abort or rather prevent the development of an attack by the administration of two antikamnia tablets. They should be given as soon as the first symptoms of the attack are manifest. If then, all symptoms are not speedily dissipated, another dose should be given in three-quarters of an hour or an hour. This means is a most effectual one to abort an attack, and when the attack is developed, antikamnia tablets will relieve the pain usually in about forty minutes."

After using a mydriatic in an adult, instil pilocarpin 1%, and keep the patient under observation until the pupil contracts.
—*American Journal of Surgery*.

Yellow salve soon turns brown on exposure to light, if made with lard as a base. Cold cream or lanolin makes a good base. Keep in a porcelain jar with a screw top.—*American Journal of Surgery*.

After using cocain solution on the eye, be sure to keep it well irrigated, or protected by a bland ointment, or bandaged, to prevent drying and subsequent erosion.—*American Journal of Surgery*.

Strong antiseptic solutions should be avoided in dressing scalp wounds. For "wet dressings" Thiersch's (boro-salicylic) or Burow's (aluminum acetat) solution is sufficiently antiseptic.—*American Journal of Surgery*.

PHYSICIANS ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

The California Eclectic Medical Journal

Vol. I

NOVEMBER, 1908

No. 8

Original Contributions

ADVANTAGE OF THE SMALL COLLEGE.

J. A. MUNK, M. D., Los Angeles, Cal.

Americans are nothing if not extremists. We have acquired the habit of running in ruts and are a nation of faddists. Some men can only see one side of a question although, naturally, every question has at least two sides. When a man gets such a one-sided idea he sees nothing else and carries it to the limit regardless of what the result may be. Because any one thing contains something that is really good is no reason for adopting it to the exclusion of everything else. To make a right choice of everything it is first necessary to look at the subject from all sides.

This statement applies to education as well as to other mundane affairs. The time was and not very long ago, when institutions of learning were small and few, and the times such that men who sought an education had to depend more upon themselves than on colleges and teachers. Notwithstanding the difficulties of such a course some men struggled through, and are numbered among the greatest men that our country has produced. It did not take any kind of college to make them. They acquired their knowledge in the liberal school of self education. This is not said in disparagement of modern progress, nor of improvements in our educational system, but simply to show that more depends on the man than upon the method of schooling. The fallacy consists in supposing that it requires a college or university training to make the man. On such a basis of reasoning, it is considered necessary to build up great institutions, as students are inclined to flock in the direction of the largest crowd. Such a course is apt to be far from wise, as is being discovered and commented on in these latter days.

Success is the goal that is usually sought, but merely going through and out of college does not qualify a man to succeed. Many a young man after taking a full course in some university and with the best of teachers ends his career in disappointment and failure because he depends on the college and teacher to put him through and fails to get in and dig for himself. Instead of depending on merit, things are measured superficially and their value estimated by dimensions and quantity rather than

by true worth. Unless a man can count his dollars by the hundred millions he is no longer considered rich, and if he does not hold a parchment from some large college or university he is not educated. The tendency has been for some time in educational affairs to go to extremes in a combination of the large colleges against the small ones, by creating an educational trust to control knowledge. This state of affairs exists in a medical education even more noticeably than in a literary or scientific course and the time has arrived to call a halt. Experienced educators have become alarmed at the situation and are now advising against the exclusive university course and in favor of the small college. In a small college the instruction is more individual and personal, and therefore, is much more direct and effective. In the crowded classroom of a large institution the individuality is merged in the mass and lost and teacher and pupil can not get into close touch except by favoritism to the few.

A late writer has said that "The state universities almost everywhere are growing to such an extent, that they threaten to undo the very purpose for which they exist—education. It becomes a hard matter to maintain discipline, to any extent, over thousands of young men and women who, full of ardent ambition and life, are flocking to the great educational centers. The advantages there sought, namely, contact with truly great teachers of reputation, is more than counter-balanced by the practical certainty that the size of the classes will forbid all personal touch with these great teachers and will compel the student to learn from a tutor. This hallucination of seeking great teachers is therefore unusually early dispelled in the university experience of the student. The numbers are too vast and the dangers of this multitudinous herding of men and women together is beginning to worry the heads of these institutions themselves."

President Angell of the University of Michigan is quoted as saying:

"I am inclined to think that most of the state universities are suffering from excessive attendance. It is apparent to me that one of the greatest problems before the universities of the nation during the next twenty years will be how to administer these rapidly growing institutions properly."

The Chicago Record-Herald says. "The day of the smaller college is coming again. Of course the special inducements offered by the state universities as public institutions will always make them popular, but may there not be some relief because of the preference which many people now express for the small colleges? The country has scores of these colleges and not a few of them en-

joy an excellent reputation. They can give as fine discipline as any of the larger institutions, have the advantage of bringing faculty and students together and are freer from distractions than the big rivals. A professor in one of these vast state institutions said some time ago that he would never intrust his son to it for training. In answer to a question as to the reason of this strange remark expressed himself oracularly, 'The gains are too little and the possible losses are too great. I prefer the small college.' "

CACTUS.

H. W. FELTER, M. D., Cincinnati, Ohio

A prominent writer on *Materia Medica* and *Therapeutics* of the so-called Regular branch of our profession seeks to disparage cactus by the following statement in one of his text-books. "It is a special favorite with a class of practitioners who prefer to drop about a certain number of drops of the remedy in about a certain quantity of water, of which about a teaspoonful may be taken in about so many minutes in order to work the most miraculous medicinal effects. The influence of the mind upon the body and the therapeutic effect of expectant attention are well illustrated by some of these cases." This unkindly thrust is made at the school from which a large part of the therapeutic matter of the works of the same author is derived and often without the least shadow of credit being given.

The purpose of the paper is to report the beneficial action of cactus in a case of Reynaud's disease. This peculiar affection is admittedly incurable by therapeutic means—at least that is the verdict of most writers upon this disorder. Powerful remedies have been employed to relieve the paroxysms, but to my knowledge nothing has been reported to have given continuous relief. It is not a little surprising, therefore, that marked continuous relief should have been received from so mild an agent as cactus. Yet it goes to prove a contention of the Eclectics that a specifically selected remedy acts with therapeutic benefit when it produces the least disturbance of the functions of the body. The following case is the first published to my knowledge in which cactus has given relief of Reynaud's disease.

A more recent and equally prominent writer of the Regular school says in his text book:

"Like digitalis, cactus increases the arterial pressure, probably by stimulating the heart itself and the vaso-motor center. It does not disturb the stomach, and appears to be free from cumulative action. It is sometimes employed with advantage in functional affections of the heart, in simple dilatation, and in

valvular disease with failing compensation when digitalis is not well borne."

These quotations represent the two extremes of views held by the regular therapeutic authors concerning the physiologic and therapeutic action of cactus. The views of the second writer, so far as physiologic action is concerned agree with those long ago advanced by the Eclectic school of medicine. These views may be consulted in the American Dispensatory, in which is recorded a condensed statement of the action and use of cactus as given by all the standard Eclectic works on *Materia Medica*. Suffice it to say that Eclectics have long regarded it a very valuable remedy for functional heart and circulatory as well as some nervous troubles, and as one of the best and safest heart tonics in existence. It was introduced into medicine by Doctor R. Rubini, a Homeopathic physician of Naples, but has been most largely developed as a therapeutic agent by Eclectic practitioners.

Mrs. H., in apparent good health and the mother, at the age of twenty-three, of three children, began to notice a tingling in the finger-tips. After a short period the fingers would "go to sleep," to use a popular expression. These conditions would come and go several times in the forenoon of the day. The trouble was always the worst in the mornings and after arising from bed, and would continue throughout the forenoon gradually diminishing toward midday. The ailment grew progressively worse from month to month and was now accompanied by painful cramps in the fingers. The cramps became more and more severe and the paroxysms were attended with pallor and coldness at first, followed by stagnation of the circulation at the finger-ends, giving them the peculiar purplish hue characteristic of Reynaud's disease. This ailment has proved a torment to the lady for years, so much so that she was incapacitated for manual work. It became her custom when about to do any needle-work to keep in her sewing basket an open book, so that when the paroxysms, which would occur every few moments, would come on, she could pass her time in reading and resting her hands. After some time the trouble became worse and she sought the advice of some of the foremost physicians, who could give her no permanent relief. One very eminent and scholarly physician of the Regular school, and who, by the way, is admired by all who know him for his straightforward truthfulness, pronounced the affection Reynaud's disease and while prescribing palliative treatment, advised the husband (who had studied medicine and whose son was a physician) of the nature of the disease, and gave an unfavorable prognosis. Every remedy that promised relief was

faithfully tried. The patient now cognizant of the name and nature of the disease and knowing of two fatal cases (foolishly exploited in the daily papers) now became disheartened and looked only to the time when the gangrene, so common to these cases, would set in, with spontaneous amputation of the fingers, if not death.

The husband of the lady, in conversation, related the case to me and asked if I could suggest any course. Without much hope, I confess, I recommended specific cactus in six drop doses once a day. Faithful adherence to this medicine has worked a marvelous transformation in this case—absolute control of the paroxysms having been obtained as long as the medicine has been taken. On two occasions the patient has dropped the medicine for a period of two months, but with a return of the symptoms, but in a milder degree. A return to the medicine has given prompt relief, and while she still continues with her “pleasant medicine,” as she styles it, she considers herself practically cured. She has now taken the cactus for nearly two years and has had the only comfort she has ever had from medicinal treatment since her young womanhood. She is now sixty-two years of age.—(*Transactions Eclectic Medical Association.*)

CHRONIC POSTERIOR URETHRITIS—ITS ELECTRICAL TREATMENT.

BY A. S. TUCHLER, M.D., San Francisco, Cal.

Read before the Eclectic Medical Society of the State of California.

This chronic complaint has been subjected to all sorts of treatment, but as usual, the results have been very unsatisfactory. Not until Dr. Overall showed the way to its cure by specially constructed electrodes, and that this stubborn disease can be easily, pleasantly and quickly mastered. One of the electrodes is so designed that it can be used for electrolysis, anaphoresis, or as a catheter with negative galvanism in order to evacuate the bladder where it would be impossible to pass a catheter, due either to a stricture or an enlarged prostate, or both, and can also be used in stenosis of the cervix and endometritis. The metal-tipped electrode is referred to in the treatment of the above diseased conditions.

It is a very valuable instrument in the hands of one who knows how to use it. It can be used for either positive or negative electrolysis.

In order to render the electrode aseptic, it is immersed in a two per cent. solution of formaline for five minutes, then rinsed with boiling water, the hollow rubber on the proximal end being

made use of to cleanse the inside of the instrument, on the same principal as a glass medicine dropper.

"The electrode should never be inserted in the urethra for electrical treatment until all pain or tenderness is relieved, should there be any present. Eucalyptol and benzoinol, one to eight, is made use of to relieve any irritation or soreness." (Overall). In order that it should reach the posterior portion of the urethra, a glass syringe is used by the writer, of one-half ounce capacity. This is sterilized, then filled with about one dram of the oily solution, the piston is drawn back to the proximal end of the syringe, the fluid being at the distal portion, the intervening space being filled with air, so that when the solution is injected into the urethra and the piston of the syringe pushed to the other end, the medicine will be forced into the prostatic portion of the urethra by atmospheric pressure, the patient being in the recumbent position. This obviates the necessity of using a bougie in the urethra, as Dr. Overall advises, which is usually sore and tender, and is a painless method.

In order to keep the medicine in contact with the parts for any length of time, the tip of the syringe is firmly pressed against the mouth of the urethra, the liquid is injected slowly, after which the meatus is pressed between the first finger and thumb for ten minutes before the solution is allowed to escape.

The following variety of cases will illustrate a successful method of electrical treatment.

CASE ONE. Mr. A. W., age 35; had gonorrhea three years ago; no urethral discharge; of good habits and feels perfectly well. Is accused by the fair sex of inoculating them with gonorrheal virus. On examination with a bougie, number fourteen French scale, found the prostatic urethra very sensitive. A microscopical test of the resultant discharge adhering to the instrument confirmed the findings of his fair admirers.

The first treatment was an application of negative electrolysis to the prostatic urethra with the metal tipped electrode, four m. a. for five minutes. The positive electrode, eight inches in diameter, was applied to the back with the patient in a recumbent position. Three days later when the soreness of the urethra had disappeared, positive electrolysis was used, the electrode filled with a ten per cent. solution of argyrol, two m. a. was applied for fifteen minutes. This was repeated every fourth day or even at longer intervals, depending on the disappearance of the sensitiveness caused by the electric treatment. The electrode used was the one having a perforated metal surface on the lower curvature. Six of these anaphoric applications sufficed to restore the parts to a normal condition.

"The floor of the prostatic urethra is the most sensitive part of the entire genito-urinary tract and is considered the seat of the sexual orgasm. It is subject to more pathological lesions than any other portion of the urethral canal, owing to its complex structure, and to the fact that it receives the irritative secretions of the prostatic and seminal vesicles, when these latter organs are diseased. It is in fact an index of no little importance, to the condition of the prostate."—(*Overall*).

CASE TWO. Mr. C. J., aged 29; gonorrheal history of one year's standing, the morning drop being still in evidence. The entire length of the urethra was very sensitive, so much so that he fainted after the examination and which was rather unsatisfactory on account of the pain.

Daily instillations into the posterior urethra with 25% solution of Argyrol, the patient in the recumbent position, and the medicine held in the urethra for ten minutes by compressing the meatus.

This daily treatment was continued for three weeks. Negative electrolysis with the metal tipped electrode was now commenced, a current of two m. a. for five minutes and repeated every second or third day, using the argyrol solution on the days when the electrical treatment was not given. After six negative applications, the urethra having lost its tenderness, positive electrolysis with a ten per cent. solution of argyrol was now instituted into the prostatic urethra with the hard rubber tipped electrode once a week. It took two months to complete the cure.

In giving negative electrolysis, the entire length of the urethra is slowly acted upon by the current, while with ana- or cataphoresis, the electricity is turned on when the electrode is in the location where the medicine is to be applied and the instrument held in the position during the treatment.

CASE THREE. Mr. S. H., aged 32, married, no gonorrheal history. Pain when urinating with burning sensation, had been present for some months. The appearance of blood after urination caused him to hurriedly seek medical advice. Found the entire urethra tender and when the bougie reached the prostatic portion, it caused considerable blood to flow.

Examination per rectum revealed an enlarged and painful prostate.

Prescribed:

R/. sp. m. Eryngium ʒi
" Bryonia gtt xv
Glycerine ʒI
Aq. dest. q. s. ʒiv

Sig. ʒi every two hours.

Also:—Rx Hydrastis (Lloyds) ζ i

Pinus Can. (Alba) ζ i

Aq. dest. q. s. ζ viii

Sig: Inject twice daily, diluted one-half with warm water; as improvement progresses, the water may be gradually lessened.

Also:—R/. Thymol—Iodide.

Ac. Boracic aa gr. v.

M. Ft, supp No. 1. Dup. No. 12.

Sig. Insert one in rectum at bed time.

On alternate days we injected the urethra with Eucalyptol 1 part to benzoinol 8 parts. Two months of such treatment permitted the use of negative electrolysis with the metal tipped electrode, using two m. a. for three minutes and which gradually was increased, in subsequent treatments to five minutes every other day for two weeks.

Cataphoresis with potassium iodide, 5% solution was now commenced and applied once a week, using two m. a. for fifteen minutes, the positive pad on the back. The current was only turned on when the electrode was placed into the prostatic portion of the urethra and not moved during the treatment. The recumbent position is to be preferred since gravity assists the passage of the electrode into the deeper structures. The eucalyptus solution was used every other day between the electrical treatments and the injection prescription discontinued. Altogether four months was occupied in effecting a cure.

CASE FOUR. Mr. J. J. S., aged 69, was compelled to use a catheter for a month to evacuate his bladder. Came to the office to have the instrument passed as he could not do so. After likewise repeated failures with the catheter, used the metal tipped perforated electrode attached to the negative pole. Inserted the electrode up to the obstruction, turned on five m. a. of current and with steady pressure against the enlarged gland, in ten minutes the electrode passed the prostate and into the bladder. After this one treatment he was enabled to pass his urine without a catheter.

CASE FIVE. Dr. O., aged 64, having been aware for some time of a sense of weakness at the neck of the bladder and the stream of his urine not being as free as it was in his early days was treated once a week with two m. a. for fifteen minutes, the negative metal tipped electrode being placed against the enlarged prostate and was charged with a five per cent. solution of potassium iodide; the positive pad was placed on the back of the doctor in the recumbent position. No pressure was exerted on the instrument, the force of gravity and its weight having been sufficient to enter the prostatic urethra. After several weeks of these

cataphoric instillations, the symptoms of advancing years in that region disappeared entirely.

CASE SIX. Mr. L., age 21, of good habits, teacher by occupation; no gonorrheal history; nightly emissions effecting his mind, disturbed his sleep and rest, and being the cause of a depression of spirits. From a pleasant, good natured young man, he was just the contrary.

On examination found the entire urethra painful to the entrance of the bougie, and especially so where it reached the prostatic portion. Prescribed Sp. M. *Salix niger* aments in fifteen drops doses three times daily, which had a very satisfactory effect on him, and injected the urethra every other day with the eucalyptol solution. Three weeks of such treatment enabled the use of the negative electrolysis with five per cent. solution of potassium iodide to the prostatic urethra once a week: It just took two months before he considered himself perfectly well.

The results obtained in some fifty odd consecutive cases treated by Dr. Overall's method, have been satisfactory to the sufferers with a corresponding increase of our own exchequer. The unsatisfactory results of the treatment of this stubborn affliction by the present-day methods of steel sounds and bougies and the stretching of the urethra, etc., can be replaced by a painless and pleasant treatment with an assurance to the patient of a comparatively speedy cure.

MEDICAL TREATMENT OF CANCER.

BY S. F. MARCH, M.D., Kansas City, Missouri.

I shall not try to give you the etiology and pathology of cancerous growths in this, necessarily, brief exposition of the treatment of this class of diseases; neither shall I try to classify or name the different kinds of cancer, but my object shall be to give a rational treatment, other than the use of the knife, for patients afflicted with this class of diseases and the numerous complications that are always found accompanying them. The sooner the physician recognizes these complications or specific conditions, and treats them *specifically* the sooner he will get the cancerous disease under control.

In order to treat chronic conditions of this character, and be successful, you must consider three important features—the cause, a treatment adapted to your *individual patient*, and take sufficient time to restore the part and general health to a physiologic state.

These three features *specifically indicate* a long and judicious course of treatment, both local and constitutional, in order to strengthen and restore normal functions.

There should be a due appreciation of the starting point of cancer and the lesions that not infrequently develop it and of the harmless tumors that are liable to take on a cancerous growth.

Watch the obstinate fissure that will not close; the excoriation that will not heal; the senile wart that becomes irritated; the naevus that bleeds repeatedly; the scar that becomes hypertrophic; these are suspicious conditions, especially when they are accompanied by the characteristic itching, crawling, gnawing and lightning like pains, when experienced by the patient who has passed the meridian of life.

It is best to be able to recognize this kind of growth in its earliest stages, and when a patient presents himself with the above named symptoms, although the local manifestation may be very small, it should be looked upon with suspicion and the proper treatment resorted to immediately.

This knowledge is very important from a practical point of view and cannot be over-estimated. The prognosis of the disease depends largely upon the stage at which it is diagnosed. A well-developed case is readily recognized, but often difficult or impossible to cure. Exactly the reverse is true of a case at or near its development.

Dr. Senn, the eminent surgeon, tells us that, "Carcinoma involves by local extension all tissues and organs irrespective of their anatomical structure."

"Generalization of carcinoma takes place in consequence of the entrance into the general circulation of carcinoma-cells or fragments of tumor tissue, which, when arrested anywhere in the arterial system, constitutes carcinomatous emboli from which the metastatic tumors grow."

This being true, who can determine just when a cancer has ceased to be *local* and has become *distinctly* general? Thus the importance of both local and constitutional treatment.

It has been argued that the majority of cancers are primarily and essentially local because they are encapsulated and that the individual is there-by protected against systemic invasion.

Is such an argument tenable in view of these well-established facts? (1)—That some varieties of cancer are never encapsulated at any period of their developmen; (2)—that almost without exception cancerous tumors are richly endowed with nutrient vessels through which circulation is abundant; (3)—That in certain instances metastasis develop so promptly that it is quite impossible to determine with any degree of accuracy which is the primary growth.

Can the most erudite clinician be positive concerning (a) the variety of cancer to which it belongs, (b) whether or not it is

distinctly encapsulated, (c) whether systemic invasion has or has not *already taken place*?

It is impossible to effect enduring relief by surgical means alone of cancerous growth, even in operations on Epithelioma of cutaneous and mucous surfaces, where incision may be safely accomplished, and when it comes to cancer involving glandular, internal and deeper structures, the enduring relief is greatly lessened by operative procedure.

It is a recognized and most perplexing problem that confronts the surgeon in the diagnosis of cancer, and it is not a source of wonder that errors are made. The data presented by those who advocate and practice radical surgery in attempted cure of advanced cancer are practically valueless from the standpoint of accuracy and reliability, since but rarely do they embrace the life history of patients beyond the operating table; and in those exceptional instances where the post-operation history is reported the correctness of the original diagnosis is always open to serious question provided the patient be alive at the expiration of *three years*. The surgeon of today does not expect to cure cancer by operative measures, neither will he give a prognosis of life very far beyond the operating table. The experience of the best surgeons does not give a prognosis of life after operation, longer than three years in the mildest cases of known cancer operated upon. I am very positive there are methods of treatment of cancer, other than by the use of the knife, that will accomplish more for the sufferer, and prolong their lives, and give more assurance of a permanent cure, than by a surgical operation.

This class of diseases, under the treatment of a physician who uses his knowledge of the pathological wrongs of the human body to good advantage and treats *conditions* instead of *names*, will readily yield to the *specific* use of the appropriate drug, or drugs, in relieving the *specific condition*, or *conditions*, found in his patient. Cancer is no longer the dread disease it used to be. Scientific research and investigation of this once feared disease makes its treatment more simple and easier to comprehend when the physician simply *uses* the knowledge he already possesses with good common judgment. Cancer patients, like all patients afflicted with other diseases, present an array of *pathologic conditions*, that, if interpreted aright, and the proper remedies applied and given, can be greatly relieved and benefited, lives prolonged and a majority of them cured. Some of my hearers may think that last statement rather strong. I can pick out a score or more of physicians in this National Convention, that have *cured cancer*, and without using the knife either—simply used the means within their knowledge, of specific remedies to relieve *specific conditions*.

The Eclectic physician is much better equipped to do this than the physician of other schools of medicine for he is trained to treat disease as he finds it in his patients and doesn't try to treat it upon the say-so of some book authority. The Eclectic fits his remedy to the condition he finds.

Having had some experience in treating cancer *specifically*, I will describe a few cases to illustrate the method of treating this disease, or diseases, without the use of the knife.

CANCER OF THE BREAST.

The breast is made up of a peculiar tissue different from the tissues of other parts of the body. This tissue is easily impressed by outside influences, such as a blow. The patient may have fallen against something and bruised the breast, or have been struck on the breast in some other manner, or an ill-fitting corset may produce irritation, cicatricial tissue following the formation of an abscess at confinement, hereditary, etc., which caused a temporary soreness and redness which by the use of simple home remedies disappeared.

Six months or a year, and often times longer, a lump will be felt in the same spot, or near it, where the bruise and red spot were. This lump will vary in size owing to the length of time elapsing from the time of the bruise to the time of its discovery. The discovery may have been made by accident while bathing, as there was no pain in the early stage. There is no definite way of telling *just when* this lump began to develop. The injury is remembered and this is considered, and justly so, the starting or the exciting cause. We have the injury to the soft, spongy tissue that created a congestion. This congestion was seemingly overcome when the soreness was relieved and nothing further was thought of it until the lump was discovered.

In nearly all such cases the family physician is consulted and often laughs at the patient for making "a fuss about a small thing like that!" "*Let it alone*," says he, "and it will get well itself," it is nothing but an enlarged milk gland. "You go to foolin' with it and it will make you trouble."

Many a poor mortal has followed this advice, "and has let it alone," until the disease has so fastened itself on the system that nothing could be done for them.

Any disease is much easier treated in its incipency than after it has become deep-seated. A lump that makes its appearance in a woman's breast after she has passed the age of thirty-five should not be "laughed at," but should be looked upon seriously and receive careful attention. If the physician is able to recognize the lesion and can give the proper treatment, much suffering and perhaps a life may be saved. The best thing for a physician to do is

to treat the lesion he finds specifically, if he knows *how*, and if he don't *know how*, it is his duty to send the case to some one that does know.

CASE 1—Cancer of the breast. Mrs. S.— Aged 46 years. Came under my observation and treatment September 2nd, 1905. She was suffering with cancer of entire left breast consisting of a deep open wound, or cavity, in the center.

This open sore was surrounded with hard and infiltrated tissues. The skin over-lying these tissues was very dark and almost purple and presented a rough nodular appearance. The ulcer, or sore presented a sloughing wound which exuded a watery discharge mixed with blood. This required several dressings during the twenty-four hours, and was of a very disagreeable odor.

The pain was sharp and lancinating and was accompanied with a dull heavy ache which extended under the arm and down the arm to the elbow. The glands under the arm were involved. She had suffered four years, the first start being a small lump or tumor in the breast. These are some of the most prominent symptoms of cancer of the breast.

During the four years mentioned, she had tried various treatments, but gradually grew worse and when she came to me for treatment was very despondent and had cried herself to sleep every night. She had become so disheartened, as she thought she was suffering from an incurable disease.

This case was diagnosed as "Scirrhus Cancer" and treatment begun on the date above named. As the breast is composed of gland tissue consisting of lobes and these again composed of lobules opening into the branches of lactiferous ducts, *Phytolacca*, becomes one of the indicated remedies, as this remedy, Ellingwood tells us, has a direct influence on glandular structures. This can be used both locally and internally in the proper doses and of course gives the best results when the Specific *Phytolacca* is used. Internally give the dose suited to your individual case. A local application can be made from equal parts of *Phytolacca*, distilled Witch Hazel, and Glycerine. This is rubbed in well on the hard part around the open sore. *Capsicum* can be added to this if a more stimulating effect is needed. *Chelidonium* is another remedy that can be used in this class of cases and especially where there is an irregular action of the glandular system and a sluggish and deficient circulation of the tissues, glands and organs of the abdominal cavity. *Leptandra*, *Podophyllum*, *Pulsatilla*, *Thuja*, *Iris*, *Chionanthus* and *Sodium Phosphate* all find their place of utility in some cases.

Where the case is of long standing as this one, and the tissues have become degenerated into the foul-smelling ulcer, it is best

to use some escharotic to get rid of the diseased mass of tissue that keeps poisoning the system. A paste of Chloride of Zinc with, or without, the addition of powdered blood-root, with a base of petrolatum or vaseline proportioned to suit your individual case, will turn the foul ulcer into a simple sore which can readily be healed by some soothing and healing application after this foul-smelling tissue has been killed and sloughed out. The general health must be looked after also and every organ of the body be made to perform its proper function.

In using this kind of treatment the suffering and pain is alleviated, the swelling and soreness and inflammation subdued, the hardened, elevated and infiltrated tissues softened and brought back to a normal condition, and the dark, purple and diseased tissue sloughed out, and sore brought down to a level with the healthy surrounding tissue and by the help of Specific Echinacea to eradicate any remaining disease-germs in the system the sore was readily healed.

On December 26th, 1905, she returned to her home entirely well; sore healed, the swelling of the glands under the arm removed, her general health built up, as she had gained eighteen pounds in weight.

In a recent letter from her she informs me that neither the breast nor glands have given her any trouble since and that she has as good health and also the use of her arm as ever she had; does her own house-work for herself and family, consisting of her husband and two children. Her health is better in every way than it has been for years.

CANCER OF THE LIP.

Cancer of lower lip is more frequent than that of the upper lip, one of the principal causes being smoking—a pipe or cigars. The stem of the pipe or the stub of a cigar proving to be an irritant to the mucous membranes and tissues of the lip causing indurations and forming a hard and painful lump at the seat of a crack in the lip, or ulcer, or fever sore. Several of our most prominent men have fallen victims to this dread disease from being inveterate smokers. But all cases of cancer of the lower lip are not brought on by smoking a pipe or cigar, as any injury to the lower lip will sometimes produce the condition. A bruise of mucous membrane from biting the lip, or lip becoming irritated from some protruding rough-edged tooth. Any induration, fissure or lump in the lip should be treated promptly and not “let alone” to develop into a malignant disease. Timely treatment of the right kind will save your patient much suffering and the Eclectic physician, if rightly trained, should be equal to the task of treating it.

Study the "conditions" to be overcome, then select the "indicated remedies" and success will follow.

CASE 2—Mr. H—, a farmer, aged 56 years, applied to me for treatment of cancer of the lower lip on February 17th, 1903. The sore was a ragged, ugly-looking one extending from the left corner of the mouth two-thirds the way across the lip, involving the mucous membrane on the inside and skin on the outside, involving the muscles between, one-half way down the chin. The growth had turned over, or rather folded over, like a rose petal, making it impossible for him to close his mouth. This first appeared in the form of a small tumor four years prior to the date above mentioned. He paid but little attention to it, treating with some simple home remedies, but it steadily grew worse. One year after its appearance he consulted a physician who treated it for several weeks with no good results. It gradually grew worse by involving the surrounding tissues and some one advised him to take the X-ray treatment, and he did so, and during a period of *nine months* of submission to this mode of "scientific" (?) treatment he took "*one hundred and ninety exposures*," but instead of stopping the spreading of the disease the "exposures" increased the diseased surface. The X-ray acted on the surrounding healthy tissues, and caused a degeneration of this tissue also, and therefore did nothing toward checking or healing the previous sore, but caused conditions that enlarged it.

The X-ray machine in the hands of an incompetent manipulator does more harm than good. This is only one of numerous cases that have come under my care and treatment where the X-ray had first been used and with bad results, the flesh all around the sore being terribly burned and complicating matters very much in the treatment and requires long and tedious treatment to cure the X-ray burn. Some months after the X-ray experience the patient came to me for treatment.

(To be continued)

If the bladder does not drain after a suprapubic cystostomy, in all probability the catheter or drainage tube has become displaced into the space of Retzius.—*American Journal of Surgery*.

A properitoneal epigastric hernia may give no external signs. The patient merely complains of pain in the epigastrium.—*American Journal of Surgery*.

After a nephrotomy, hemorrhage may usually be stopped by inserting deep mattress sutures into the kidney substance followed by superficial sutures of the same kind.—*American Journal of Surgery*.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

S. F. MARCH, M. D., Kansas City, Mo.

J. B. MITCHELL, M. D., San Francisco

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

PHYSICAL EXERCISE.

In America the above expression is somewhat overworked at the present time. It may be found in religious tracts and it is always before us in daily papers and monthly periodicals. It is a clean-cut phrase and undoubtedly conveys a meaning, but a moment's reflection will convince the reader that the meaning is not only twofold but more than an hundredfold. We might even say that it does not convey the same idea to any two persons. To a man it may mean to train for a prize fight or, to walk over to the park on Sunday afternoons. To a woman it may mean to do the family washing, or to take a face treatment from the beauty doctor. As a matter of fact, it does mean all of these things and many more. It all depends upon the point of view, and as each person has one of his own, there is plenty of variety.

That all animals need physical exercise is obvious, but the character of it is open for discussion. All of us have been amused by the playful antics of a kitten or a lamb; and the actions of a child are interesting, as well. The young of all animals seem to have an excessive amount of energy which keeps their bodies in motion during all waking hours. Compare for a moment the young of any animal with its mother. In

the former there is a superabundance of energy, in the latter there is only an abundance. In the former the forces of life are dissipated in an aimless fashion, in the latter they are conserved and devoted to the attainment of a fixed object. In the old the forces of life decline and the body does nothing unless whipped into action by the lash of necessity. Thus we see that in all animals the young exercise incessantly and violently, the matured exercise steadily and powerfully, the old exercise painfully or not at all. With this object lesson constantly before use we should be able to give rational advice concerning physical exercise. A youth, if organically sound, can perform all kinds of "stunts"; though should one organ be weak his exercise must be planned so that this organ is protected. A matured man can still do the things that he did in his youth, if his organs have not been injured by subsequent disease, but they must be done more steadily and without violence. Exercises new to him should be advised only after careful consideration and even then in great moderation.

An old man must be content with thinking of the physical prowess of his youth. Violent physical exercise of whatever character should not be attempted. If in his middle life he has been physically inactive he should not attempt to do the things left undone. The proper time has passed. If neglect has encouraged degenerative changes in his body beyond his years it cannot be restored. At this time men first realize that they are getting old and sometimes unwisely begin a course of violent exercise. As a result there is developed an acute dilatation of the heart or some other serious lesion. A determined man will sometimes wreck his body completely. He seems unable to realize that for him the strenuous physical life is gone forever. For this man should be selected a moderate kind of exercise with plenty of mental activity combined with it. However, he must be handled carefully or he will resent this advice as a suggestion that he is an "old man." All men desire to remain young, but this does not seem to be the plan of nature. But all men could remain young longer if they did not dissipate the forces of life. Our knowledge of the laws of life is meagre, but few of us consistently conform to those that we do know.

Judiciously placed sutures are far more satisfactory in arresting the hemorrhage from a scalp wound than is an attempt at multiple ligation.—American Journal of Surgery.

THE ANTISEPTIC BABE.

By Edna Kingsley Wallace.

We can sterilize his bottles, we can boil his little mug;
We can bake his flannel bandages and disinfect the rug
That envelops him when he partakes of medicated air,
But there's one impossibility that leaves us in despair—
And not unjustifiable alarm, you will allow—
To-wit: we fear 'twould never do to sterilize the cow!

So we feed the baby Medicus's hygienic dope,
And we wash his face with germicidal antiseptic soap;
And we brush his little toofums—or the place where they will be
With diluted glyco-thymoline, most sanitarilee;
Then despair to see a milky effervescence supervene
On a countenance which theretofore was surgically clean.

Thus, although we strive to conquer every septic circumstance,
Yet we greatly fear a ghastly alimetary mischance;
For albeit we bake and boil his things, scrub and soak and souse,
As if in his anatomy forever cleaning house—
The recklessness with which he sucks his vagrant tiny thumb
Imperils much his precious antiseptic little tum.

We are careful of his hours, we are thoughtful of his joys;
We are mindful of his sorrows, and judicious of his joys;
We are prayerfully considerate of needful discipline,
Of our little "Mother's Handbook" and the precepts writ therein
And we strive to render sterile all designed for mouth or tum,
But one frightful danger menaces—we cannot boil his thumb!
—Harper's Magazine.

THE PROMOTION OF SUCCESS IN PRACTICE FROM THE BUSINESS POINT OF VIEW.

By WILLIAM CHAMPION DEMING, M. D., New York.

A young physician may best promote his success in practice from a business point of view only by those means that promote his success from every point of view. These are:

1. *Strict Attention to Business.*—In your early years of practice, at least, you must give your whole time to your business. Other interests, whether for pleasure or profit, will retard your professional advancement. Church, political, and social interests and interest in fraternal societies will alienate as many as, or more than, they will attract and take much valuable time from study and work.

Be at your office when not busy with outside medical work. To be very accessible will, in time, almost alone build up a respectable practice. Always leave word where you can be found when on your rounds or elsewhere, and always keep your office hours. Respond to calls as quickly as possible, even though you might be disposed to resent the manner or occasion of the call. Promptness is a powerful factor in success.

2. *Preparedness*.—Proper preparation comes only from a good education, but you should back up your educational preparation by learning as much as possible beforehand about the case you are called to see. Find out if it is surgical and if there may be wounds or broken bones. You may need splints, aseptic dressings, or instruments. To have them with you gives you and those you visit more confidence than if all had to wait till things were sent for or makeshifts improvised. If the case is medical, have a few medicines with you for emergency use, and to save a long or late or hurried visit to the drug store. You should always have, certainly when visiting a case for the first time, certain instruments for examination or treatment. A thermometer, or better, two, one for the mouth and one for the rectum, a hypodermic syringe, and a stethoscope of course. Almost equally necessary are a headmirror and ear specula, with which should go a cerumen curette, cotton applicator, and paracentesis knife, for every physician nowadays should be prepared to discover and to incise a bulging ear drum. A nasal speculum, rhinoscope, laryngoscope, and ophthalmoscope are handy at times. A little box containing materials for taking blood specimens and a culture tube for suspicious sore throats are good occupants of the physician's bag and legitimate aids to success.

By all means learn to intubate. No operation in medicine is more urgent, and the results of none are more gratifying.

The general practitioner cannot compete with the specialist, but he should learn simple methods of examination of special organs whereby to exclude or to demonstrate the probability, at least, of disease, and thus earn the gratitude of the patient by a warranted reference to the specialist or by saving him such added anxiety and expense.

3. *Resourcefulness*.—Do not let yourself be "stumped." Think hard. Bend your energies to finding out what ails the patient and then to devising means to help him. Be content with nothing short of your patient's recovery. Do not rely too much upon authority and become impotent without it. Apply both your learning and your wits. Improvise. Invent. Think out new ways. Never give up.

4 *Honesty and Straightforwardness.*—When you are called to a patient, poor or rich, mean or influential, think always, "Here is a person suffering. He looks to me for help. What can I do to relieve him?" In this frame of mind you cannot help being honest and straightforward. Do your best with singleness of purpose, weigh your words, and speak the truth as you see it. It will be appreciated.

5. *Deliberateness.*—Take plenty of time. It is there if you will only take it. Never feel hurried. Good work cannot be done in that state of mind. If events of more importance press, put off until you can do yourself and your patient justice.

6. *System.*—Save time. Save wear and tear on your mind and body. Remember that your thought and labor are skilled, and therefore put away on others, unskilled, all common labor. Train others to help you. Organize your office. Develop your efficiency to its highest point.

Record all your cases, briefly or fully, but somehow. Not the least profit from this will be that you will be spared that dangerous quarter of an hour asking leading question to recall the name, disease, or treatment of your forgotten office patient.

7. Read the best journals, the best textbooks, and, of a few select spirits, all the writings you can get hold of.

8. Learn to write pithily and write when you think you know something that will serve the cause of medicine, not to blow your own horn.

9. Attend medical meetings when subjects that interest you come up, and above all learn, if you possibly can, to think on your feet and to speak what you think.

10. If you can do so, work at the specialties in the dispensaries. Mayhap the time will come when you will be called. If such work is not attainable, then a Sabbatical year in post-graduate work will let new light into your soul and give your confidence and energy a mighty boost.

11. Be on the best of terms with your fellow practitioners. Besides being a reward in itself, this brings consultations and cheerful substitution when you are ill or away.

12. Be chary of consultations unless you know your man and are pretty sure you can help or be helped.

13. Be slow to send your patient to the knife, to the specialist, or to the hospital, but do not hesitate when you know it is right.

14. Bring it about that when the rich man sends for you he may feel that he is getting the best and also that you know your own worth; that the poor man may feel that in one thing at least he may have as good as the rich; and that the dead beat may know you are not to be imposed upon.

15. Have an understanding about money matters. It is not worthy of our profession to bring money matters to the fore front, but there is always a proper time and place for them.

16. Do not fret away your valuable time and energy because of the delinquency and ingratitude of a few. These are sure to be part of every doctor's experience. You will often get less credit than you deserve and often more. Let them balance one another and be not disturbed when you see your debtor enjoying what should be yours.

17. Earn your recreation and take it. Ours is a high profession and deserves the best in life. See that you get it.

A thousand other counsels could be given the young physician for his material welfare, but they are all of a like kind. There are no honorable business methods in the practice of medicine except such as may be included under headings here given. The physician who is on the lookout for other kinds of "business methods" is in danger of failure or of questionable success.—*N. Y. Medical Journal*.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M.D., Cincinnati, Ohio, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President. J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909, E. R. Harvey, M.D., Long Beach, President; A. P. Baird, M.D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. M. Blanche Bolton, San Pedro, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The President of the National has appointed the following general committees. Committees on the new "By-Law for State Societies affiliating with the National," Chairman, E. H. Stevenson, Ft. Smith, Ark., Finley Ellingwood, 100 State St., Chicago, Ill., M. M. Hamlin, 5255 Page Ave., St. Louis, Mo.

"Book Committee" to formulate a reply to the editor of the Ladies Home Journal, Chairman, F. Ellingwood, 100 State St., Chicago, Ill., P. E. Howes, 703 Washington St., Dorchester Dist., Boston, Mass., G. W. Boskowitz, 140 W. 71st St., New York, N. Y.

The Transactions are now ready for 1908, and will be mailed to members during October.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on Oct. 6th at 8 p.m. at 818 Security Building.

Owing to the absence of the President, Dr. Munk presided.

Dr. Munk read a paper on "Advantages of the Small College" which called forth discussion from the large number of members present.

Dr. Finch was appointed to read a paper at the next meeting and Dr. Crocker will report a clinical case.

It is sincerely hoped that the increased attendance at these county meetings is not temporary, but permanent.

Next meeting November 3rd, at 8 p.m., at the same place.

Adjournment.

M. B. Bolton, Pres.,

P. M. Welbourn, Secy.

NEWS ITEMS.

Died, Benjamin Taylor Freshman, Amador City, Cal., Sept. 18, of Nephritis. Graduate of C. E. M. C., 1895.

Died, Alexander Wilder, Newark, N. J., on Sept. 18, of Pneumonia, aged 85 years. Dr. Wilder was a graduate of Syracuse Medical College, 1851.

There was an unusually large attendance at the County Society on Oct. 6. The next meeting will be held on Nov. 3, at 818 Security Building.

Dr. L. A. Perce, Long Beach, has returned from a two weeks' trip to Missouri. On the return journey he spent several days at the Grand Canyon.

Dr. M. Blanche Bolton, San Pedro, has returned from a three weeks' vacation in Northern California and at Lake Tahoe.

Dr. A. E. Colerick, Pacific Grove, writes that he is regaining his health after a long illness.

Dr. H. Ford Seudder has opened offices at 125 Cajon St., Redlands, Cal., and will devote special attention to diseases of the respiratory organs.

Mr. Hubbell, Ganada, Arizona, was the guest of Dr. Munk for a week during the last month. When Drs. Munk, and Welbourn and Prof. Lloyd made their trip to the Cliff Dwellers, Mr. Hubbell acted as host.

Dr. and Mrs. N. A. Herring, of Benton Harbor, Michigan, paid Southern California a short visit during October. They came

West over the Canadian Pacific and returned by the Santa Fe, visiting the Grand Canyon en route.

We have received a reprint of Dr. Munk's article entitled "Descriptive Climatology of the Southwest," which is a scholarly article on this important and interesting subject. The paper was read at the National Eclectic Convention and will appear in the Transactions at the proper time.

Dr. H. B. Crocker has been appointed to the chair of Minor and Orificial Surgery in the California Eclectic Medical College.

Owing to the fact that the College opened earlier than usual this year, several students were a little late in registering but all are busy now and the College is flourishing.

The College has received a consignment of medicinal plants from Ohio which will make a nice addition to the botanical garden. It is only by some such means that the effect on plants by the different conditions of climate can be determined.

An Unheard of Combination!—The faculty list of the Eclectic Medical College of the City of New York sets forth that George W. Boskowitz, A.M., M.D., is Professor of Surgery, and that George W. Boskowitz, with the same qualifications and hailing from the same address, is Professor of Therapeutics. Fancy a surgeon in 1908 knowing anything about therapeutics. But genial ex-dean Boskowitz is an all-round man in many ways.—*North American Journal of Homeopathy*.

Dr. J. C. Andrews, Los Olivos, who has been ill for the past few months, suffering from paralysis, is regaining his strength and is now able to walk with the aid of a cane.

In a report of the work of the Southwest Society Archeological Institute of America, published in the Out West Magazine we note the following item, "Two of the most generous contributions in the whole history of the Society were secured during the month of August, 1908. Dr. J. A. Munk, of the Executive Committee of the Southwest Society has devised to the Southwest Museum his library of Arizoniana, probably the most complete in existence; and will deposit it in the new rooms at once. This is a gift fully worth \$10,000."

Dr. H. B. Crocker has returned from a short business trip in the northern part of the State.

The Transactions of the National Eclectic Medical Society has been received. Dr. Best is to be congratulated on its early appearance. It is a very attractive and interesting volume and makes a substantial addition to any library.

Frank A. Ruf, president of the Antikamnia Co., St. Louis, has been highly honored by the Shah of Persia, who has conferred upon Mr. Ruf the decoration of the Order of the Lion

and Sun. This honor is due to the St. Louisan's fame as a connoisseur and collector of Oriental fabrics, especially Persian rugs.

Hon. J. L. Hubbell of Ganado, Arizona, spent a week in Los Angeles last month. He is the man who made it possible for the Lloyd exploring party to make its successful trip in Moqui land and the Cliff dweller's country, in Arizona, last summer.

A consignment of sixty medicinal wild plants were recently received at college headquarters from Otto Hacker of Painsville, Ohio. The package of plants contained many old time friends of boyhood days that grew in fields and woods back East, but are not native to California. They have all been planted in the College botanical garden and will be used in the future to illustrate lectures on materia medica.

The recent death of Alexander Wilder, M.D., removes another one of our few remaining old time Eclectics. He was a good friend of Eclecticism and stood firm for whatever he believed to be right. Dr. Wilder made a striking figure, being thin, tall and angular; and when he spoke his words always commanded attention. He was an intellectual and scholarly man and a fascinating and versatile writer. He acted as secretary of the National Eclectic Medical Association for twenty years, from 1875 to 1895, and only relinquished the responsible position because of the growing infirmities of old age. He died at the ripe age of eighty-five years.

PHYSICIANS ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

BOOK NOTICES.

DISEASES OF CHILDREN. By WILLIAM NELSON MUNDY, M.D., Professor of Pediatrics in the Eclectic Medical Institute, Cincinnati, O. Second edition, revised and rewritten. Illustrated, 8vo, 512 pp. Cloth, \$3.00. The Scudder Brothers Company, Cincinnati, Ohio, 1908.

The second edition of Professor Mundy's "Diseases of Children" marks a distinct advance in Eclectic medical literature. In this edition many important changes have been made. A complete rearrangement of subjects, making the book more convenient of consultation, is one of the improvements. The introduction of excellent illustrations have greatly enhanced the value of the book, and we have never seen a better selection calculated for teaching value.

In the description of diseases Dr. Mundy has rightly recognized, at stated periods, that there is a difference in anatomy and physiology of the child as compared with the adult, and that the symptoms and course of disease in the child do not always coincide with those of the adult. He brings out clearly the essential diagnostic points, and has not burdened his work with useless or questionable and lengthy descriptions.

There is no better field for the exhibition of specific medication than in diseases of children, and this the author seems never to have lost sight of. The work is supplemented by a section on the drugs most used in diseases of children, with full indications for their selection and form of administration and dosage. This is the only recent work in the Eclectic school on children's diseases. It is well written and no progressive Eclectic should fail to buy this book and buy it early.

THE PSYCHIC TREATMENT OF NERVOUS DISORDERS,

(The Psychoneuroses and their Moral Treatment. By DR. PAUL DUBOIS, Prof. of Neuropathology at the University of Berne. Translated and Edited by Smith Ely Jelliffe, M.D., Ph. D., and William A. White, M.D., 4th Edition. New York and London; Funk and Wagnalls Co.

Dr. Dubois, a physician as well as a psychologist, has for a long time perceived the important role played by psychotherapy in the treatment of disease. The subject is as alluring as it is baffling and it is difficult to preserve toward it an attitude open and well balanced. However, to this attitude, Dr. Dubois owes the exceptionally convincing quality of his work.

"There is to be found in this volume along with the most interesting psychological considerations, a description of the methods used by the author in his practice of psychotherapy. There are some beautiful passages which would not be out of place from the pen of a philosopher or moralist, the perusal of which must impress all, whether patients or physicians, who have the desire to know how and why the psychoneuroses develop and how they may be cured. But what is more distinctly felt on reading these pages is that they are the work of a man with convictions, to whom we might apply the phrase of Montaigne: 'Here is a book of good faith.'"

THE FORCE OF MIND; or, THE MENTAL FACTOR IN MEDICINE. By ALFRED T. SCHOFIELD, M.D., M.R.C.S. Author of "The Unconscious Mind," etc., New York; Funk and Wagnalls, 44-60 E. 23rd St., 1908.

This work appears at an especially opportune time when the effect of the mental representations upon the bodily conditions is

attracting so much attention and when the problems connected with it are being attempted from so many and such various points of attack.

In a book occupied with one side of a question the sense of proportion is of necessity lost, but it is presumed that every one recognizes that the part played by the mind in the many diseases is very small, either in cause or cure, yet it is generally present to a greater or less extent.

This small volume on the "mental factor" is especially valuable when taken in conjunction with the physical factors in disease as set forth in hundreds of existing works on those subjects.

This whole subject, of such great value to the medical profession, has been greatly neglected, but such interesting works as this of Dr. Schofield's will doubtless stimulate many to take more interest in this subject.

PARAFFIN IN HERNIA: THE CURE OF RUPTURE BY PARAFFIN INJECTIONS. By CHARLES C. MILLER, M.D. Published by the author, 70 State St., Chicago. Prepaid \$1.00.

Comprising a description of a method of treatment destined to occupy an important place as a cure for rupture owing to the extreme simplicity of the technique and its advantages from an economic standpoint. This operation does not require anesthesia which is certainly a great advantage and is applicable in the physician's office.

THE BLUES, (Nerve Exhaustion) CAUSES AND CURE. By ALBERT ALBANS, M.D. This little book should be on the desk of every practitioner of medicine. A most valuable chapter on Auto-intoxication will be found to be of special interest. Cloth, Postpaid \$1.50. Send your order to The California Electric Medical Journal.

PRACTICAL DIETETICS. By H. W. PARTON, is just what every physician needs. Contains all sorts of diet lists, etc. Price \$1.00. Send your order to the California Electric Medical Journal.

The California Eclectic Medical Journal

Vol. I

DECEMBER, 1908

No. 9

❖ Original Contributions ❖

CASCARA SAGRADA.

WM. P. BEST, M. D., Indianapolis, Ind.

In 1877, Dr. J. H. Bundy, an Eclectic physician, brought this agent to the notice of Parke, Davis & Co. of Detroit, Mich., and through their efforts and investigations the remedy has justly become a widely celebrated and popular one.

Like many another good remedy cascara sagrada has suffered at the hands of careless or over-enthusiastic prescribers, who have expected it to cure all cases of chronic constipation, or act as a cathartic, neither of which will it do.

But it has a wide field of usefulness when prescribed for conditions for which it has proven its usefulness, and upon which its popularity is based.

Cascara Sagrada is specifically indicated in chronic constipation due to atony of the muscular portion of the bowel walls. This is the one key to the use of this remedy.

Loss of tone in the rectal walls, due to neglect, or from sedentary habits, or attending general atonicity.

These indications narrow the field of application for this agent, yet we find many complaining of chronic inactivity of the bowels who are benefited by its judicious use.

The Pharmacology of the Newer Materia Medica, compiled by Geo. S. Davis, Detroit, Mich., has the following to say of this remedy: "The discovery of the specific action of cascara sagrada on the muscular coat of the intestine, and its power of imparting tone and elasticity to the relaxed intestinal walls, and by this means restoring its natural vermicular movements and thus radically and permanently relieving habitual constipation led to a very extensive trial of the drug in hospital and private practice, and has established its position in the materia medica as *the most important remedy for the treatment of constipation which therapeutic research has given to medicine.*"

Many physicians complain of this, as they do of other well proven, yet illy prescribed remedies, because they lose sight of the careful and specific instructions as to the use of the remedy.

To those disappointed with its use we would suggest a careful re-study of the drug, with a reliable preparation, that they may

learn when and how to use a remedy that will not fail when properly applied.

This one remedy well illustrates the need for proper and thorough understanding of a drug and its action and a due appreciation of the specific conditions for which it is valuable.

There are many diseases in which we are led to think of this drug as a remedy, such as indigestion due to atony, constipation being one of the conditions present, and when the latter is relieved the dyspeptic symptoms disappear, since they are due to one or the other primary pathological conditions.

Headaches or rheumatism due to wrongs of metabolism and the latter traceable to defective functional action will be permanently cured by cascara.

Chronic conditions of this character require time and gentle means to perfect a cure, while harsh or overstimulating treatment terminates in ultimate failure.

There is a class of patients in which we would expect to see cascara do effective work, yet when it is administered alone it fails. Experience with women of sedentary habits, school teachers, needle workers, stenographers and factory workers who sit at machines, and the neurasthenic dyspeptics who have pronounced asthenia of a general character, not only of the nervous system and digestive organs, but are below normal in all the physiological activities, in whom digestion is faulty, especially have they, with other wrongs of metabolism, amylaceous dyspepsia in which cascara will not even correct the attending constipation when exhibited alone.

In such cases, careful inquiry will elicit the fact that a great deal of distress follows eating, especially of starchy foods. The transformation of amylaceous food stuffs into sugar and dextrin is imperfect or incomplete, and a familiar train of symptoms results, constipation being one of them.

It is remarkable to witness the beneficial effect of cascara in such cases when it is administered with a reliable extract of malt.

R. Malt Extract from ounce ss. to ounce I

Cascara Sagrada from gtt. X to gtt. XV immediately after meals slowly and carefully eaten will regulate the bowels, correct the dyspeptic symptoms and after a few weeks the dosage will have to be gradually decreased to a minimum.

These observations are of a corroborative character, yet of such importance and so positive is the remedial effect that they bear repetition.

Like most remedies the study of Cascara alone or in simple combinations, with a definite purpose in view, will give best knowledge of its therapeutic place and value.

A CASE OF NATURE FAKING.

J. A. MUNK, M.D., Los Angeles, Cal.

There is a great difference between myth and fact, yet the former is often substituted for the latter. A myth is only an imaginary creation that is sometimes applied to living objects. Animals and plants are clothed with powers they do not possess and are represented as saying or doing things that are human. Such fairy tales are useful to amuse children but must not be used to deceive or misrepresent nature. Legends have a legitimate place in literature but mythical stories should not be presented as truth.

As fascinating as are Kipling's *Jungle Tales* and Harris' *Uncle Remus* stories no one with a discriminating mind will be deceived into believing them as being absolutely true. They are merely folk-lore stories that were originally made to illustrate some whimsical fancy, but by subsequent repetition became established among the people. Such stories are pardonable and can do no harm unless they are misapplied in the telling, or used with a deliberate purpose to deceive.

Nature writers have carried such exaggeration to extremes and have grossly distorted facts in writing pretended life histories of birds and animals. These persons are called nature fakers because they pervert nature and prevaricate the truth. The evil practice has been carried to such an extent that it has called forth the condemnation of such noted naturalists as Theodore Roosevelt and John Burroughs, than whom none are better qualified to criticise such work, as both are ardent nature lovers and thoroughly versed in wild life lore.

These thoughts were suggested by reading a short article in the May number of the *Sunset Magazine* for this year entitled, "A Miracle of the Plains," which is inaccurate in every essential particular. The author must have known when he wrote the article that he was misrepresenting local conditions, as he has written two books on the Southwest and should be familiar with the facts. But, in relating his story, he seems to be more anxious to be sensational than particular about telling the truth.

He tells of a party of travelers from the east who crossed Arizona during the fifties, and describes the monotony and hardships of the long, tiresome trip. He says that the event happened in the fall of the year and at the beginning of the rainy season, in November. It was during a drought and the country was hot and dry. One night their camp was unexpectedly wet down by a soaking rain. The next morning when they got up and looked about they were astonished to find that the dreary, dry landscape

of the day before had vanished and in its stead was pictured an enchanting scene of living green. The miracle wrought is ascribed to the presence and sudden unfolding of myriads of sleeping resurrection plants. Arizona is famous because of its many natural wonders, but nothing ever seen there was half as startling as the scene described—if true.

In the first place the rainy season in Arizona is in mid-summer during the months of July and August—never in November. The prosperity of the Territory depends upon these rains and if they fail every interest suffers. The heat, also, is never great in November, from natural causes, as the days are then short and the sun's rays fall on a decided slant.

In the second place the resurrection plant does not grow in Arizona, but is found much farther south in Mexico. I have traveled repeatedly all over Arizona during the past twenty-five years and never saw a specimen of the plant growing anywhere; nor did I ever hear it mentioned as being a native of any part of the Territory.

In the third place the color of the resurrection plant is not a "living green." I have bought dried specimens of the plant at curio stores at various times to study as a curiosity. When it is immersed in water it slowly unfolds, but several days of soaking are required to expand its leaves. It could not possibly open out fully in one day nor in a night. Its color is never a vivid green, but a pale, gray-green; and does not attract attention by its color, but by its novelty.

DIPHTHERIA.

JOS. G. TOMKINS, M. D., San Francisco, Cal.

The chief controlling influence which led me to the study of medicine was the desire to do the most good to my fellow men, in the most effective and pleasant manner possible. With this incentive I entered college. After an active practice of twenty years I am satisfied by results that I stepped into the right place.

After an examination into the teachings of the other schools I chose the Eclectic; which proves I was an Eclectic even before entering college, because I chose the best. But a good Eclectic is not only a student, but also a practitioner of all that is good and helpful irrespective of the source from which it is derived; and as knowledge, like currency, is of little value until exchanged; and, as I have received much that has helped me to succeed from the writings of others, I desire to make some little return. It is purely from this standpoint and with this object I offer the following. To save an apology I will say, I am not

trying to write a text book, or record some wonderful discovery, but to express in a few simple words my experience in treating a case of diphtheria.

It is not, nor can any case be treated in a routine manner throughout, or we might as well give up our constant talk of indications. But when we have once decided by a careful diagnosis that it is diphtheria it always presents in the main the same indications, in all cases, always allowing for modifications called for by temperament, environments and complications. These are in the line of our duty to observe and govern ourselves accordingly. There is only one diseased condition, and that is membranous croup, which might lead the inattentive practitioner to err in his diagnosis, and perhaps a few words will assist in making a differential diagnosis and form an excuse for a little digression as well as an excuse for giving a few points in the symptoms of each as I understand them. For the etiology, pathology, etc., you have text books. I will be brief.

Diphtheria is a profound systemic disease, while croup is a local affection. In the outset of diphtheria we have lassitude similar to the invasion of typhoid with a decided rise in body heat. The Klebs-Loeffler bacillus is strongly in evidence and easily demonstrated by culture; and to assist in the diagnosis between a severe case and a mild one in most cases may be confirmed by the loss of the patellar reflex.

The exudate on the mucosa will be thicker than in croup and is firmly adherent to the underlying tissue, bleeding when removed, and afterwards returning. Pseudo-membranous croup, although it invades the same mucosa has a different exudate and although it is possible to find the Klebs-Loeffler bacillus it only proves it to be a complicated case.

Then again there is the characteristic odor of diphtheria which is not present in membranous croup. As I have said diphtheria has its prodroma. Croup comes on suddenly, generally in the evening, and the first alarm the parents get is the stertorous breathing or croupous cough of the child about midnight; and I say whatever your treatment may be for croup don't forget Dr. Abbott's calx Iodata. You can't do better without you add, "clean out, clean up and keep clean," to it. It's a clean idea.

Now let us do what we started out to do and what we are all after, viz., how to cure it. When I am called to a case I make a thorough examination and if it has not developed sufficiently to confirm my diagnosis of diphtheria I give or prescribe

R/ Spec. Med. Aconite. gtt. v—x
Spec. Med. Sanguinaria
Spec. Med. Phytolacca aa ʒi
Glycerine ʒss
Aqua Pura q.s. ʒiv M

Sig. Teaspoonful every two hours.

The next visit the condition will be improved but the diphtheria will not be affected perceptibly. The improvement is temporary but it proves the efficacy of these specifics for ailments of the throat. By this time that peculiar look as expressed by the eye in almost every case of diphtheria is there and the membrane is in evidence. I know then that I have a case of diphtheria to handle. Of course the throat is swabbed and the swab sent to the bacteriologist to verify the correctness of the diagnosis made, and the house quarantined.

I clean up and clean out with

R/ Calomel

Soda aa gr. 1½ Tablets No. ?

Sig. One tablet every one-half hour until eight are taken, then in one hour one-half to one bottle citrate magnesia. Now we have to exercise our judgment and experience and give remedies as may be indicated. There's generally something doing to call for them, but for the diphtheria—it's there all right. I have met it so often and always treat it in the same old way, i. e. "the bugs," they soon get out and look for more civil treatment. If you are going to use antitoxin "do it now." Anyway I first order R/ Hydrogen Perox. ʒij. Sig. use as directed.

Also R/ Aqua Calcis ʒij. Sig. use as directed. Each being put up in a separate bottle and the directions are, mix enough of each in the atomizer for one treatment of the nose and throat, to be repeated every two to five or six hours as the case demands.

For internal use,

R/ Kali Chloride

Tinct. Ferri Mur. aa ʒi

Aqua Pura qs ad ʒiv M

Sig. Teaspoonful every four hours.

I place much confidence in Ecthol (Battle & Co.) Sanguinaria Phytolacca; sedative or stimulant. Cactus or digitalis for the heart if needed, or any other Spec. Med. indicated. It is fifteen years since I lost a case and I have had lots of chances to do so.

MEDICAL TREATMENT OF CANCER.

By S. F. MARCH, M.D., Kansas City, Missouri.

(Concluded.)

One of the cardinal principles in treating diseases of a cancerous or malignant nature is to keep the sore thoroughly clean and aseptic. This can be done by the use of any of the good antiseptics. Permanganate of Potash is preferred in most cases as it seems to possess cleansing powers and disinfectant qualities not found in some of the others. Pix Creosote and Burnay's Blue Tablets are efficient in some cases. He was also put upon an alternative in which Echinacea, Baptisia, Berberis Aquifolium, Dulcamara, Ailanthus Glandulosa and Phytolacca were prominent ingredients when indicated. An escharotic suited to the case was used to get rid of the diseased tissue. Owing to the "scientific" (?) treatment with the X-ray he lost about half his lip, as all the tissue that had come under the one hundred and ninety "exposures" sloughed out. In six weeks' time, under the above treatment he returned to his home well; the growth removed and the lip healed. He has lost about half of the lip and it was difficult for him to hold the saliva in his mouth for a while, but that part of the lip has developed so that he now has no difficulty in doing so.

A short time since he visited me and while the deficiency in the lip can be noticed, yet it does not interfere with his speech whatever. He has had no sign of a return of the trouble.

CANCER OF THE STOMACH.

Cancer of the stomach is extremely difficult to treat because of the involvement of so important an organ of the body. Any derangement of this viscus shuts off an important factor in our well-being—as "we must eat to live." The stomach digests the food we eat and prepares it for assimilation to other parts of the body to keep life within us and you can readily imagine what difficulties a patient labors under to keep life in the body when afflicted with cancer of stomach.

CASE 3—Mrs. K—, a native of Iowa, aged 46 years, applied for treatment in September, 1905. Had been suffering eighteen months with stomach trouble. She had been treated for indigestion, gall stones, ulceration of the stomach, enlarged liver, and not until a well-formed lump developed in the stomach together with other characteristic symptoms, was her trouble looked upon as cancer. Had been confined to her bed more or less, for five or six months prior to this time, and was reduced in flesh until she weighed less than a hundred pounds. Complained of a dull aching pain in the region of the stomach, increased on pressure. The

pain was not increased on introduction of food into the stomach. The lump could be easily detected, and was located in the pyloric end of the stomach and appeared to be larger than a good-sized hen's egg. She was very anemic. The abdominal wall was so thin that when she was lying on her back the lump could easily be seen, as it made a distinct impression on the thin abdominal wall. The characteristic coffee-ground vomit, with the dark tarry stool with constipation and diarrhoea alternated. The characteristic cachectic color with the skin drawn over the cheek bones, hollow-eyed, and as her husband described it, "looked very much the color of a pumpkin."

The treatment in the case was principally constitutional, although a local application of distilled Witch Hazel was made to remove the soreness and pain, as the stomach was very tender and sore and she was so weak that she could not walk across the floor. The treatment varied as symptoms and conditions varied. *Phytolacca* was given for its general influences on the irritated mucous membranes and glands of the stomach. *Pulsatilla* was prescribed for its soothing effect on the nervous system. Iodide of Potash was used for its peculiar affinity for the relief of cachectic conditions and its action on the glandular system. Subnitrate of Bismuth was used for the pyrosis existing and the gastric flatulence and extreme acidity of the stomach, especially from the presence of lactic and butyric acids. *Hydrastis* was used for its influence on the mucous membrane of the stomach and as to the most natural stimulant to the normal function of digestion.

Calendula has its use in cases of this kind as it helps to relieve the pain and quickly relieves the soreness, and to a great extent prevents a contraction of the tissues and the formation of a cicatrix and quickly heals ulcerated surfaces, as well as allaying nausea and sickness at stomach.

Baptisia has its place in the treatment of this class of cases and exercises a great influence upon the glandular system of the whole alimentary canal, re-enforces the character of the blood, prevents the destruction of the red corpuscles and carries off the waste material and has a marked sedative power.

Iris Versicolor was used in this case for its effect upon the mucous membranes of the digestive tract with an altered secretion; nausea or vomiting of an acid liquid, with burning and distress in esophagus and stomach.

Thuja was used for the abortive effect this remedy exercises over cancerous tissue and in retarding its growth as it exercises a specific influence over abnormal growth and tissue degenerations and especially those of an epithelial character.

Sulphite of Sodium found its place in the treatment of this

case, especially in the beginning of the treatment, when the tissues of the tongue possessed that peculiar symptom of pallor, and was also covered with a dirty fur, or with a whitish or yellowish thick, moist coat. It also aided in correcting the fermentation.

Arsenicum finds a place in the treatment of cases of this kind for its stimulating effect upon the stomach and promoting the flow of the digestive fluid and materially improving the tone of the stomach and is especially indicated where there is an engorged or a noedamatus condition of the cellular tissues, with the deficiency of normal elasticity. And when this condition is due to an inactive liver and spleen it is especially useful.

About five weeks after the writer was first called to see this patient she was suddenly taken with a violent sneezing paroxysm and continued to sneeze several hours. Each time she complained of excruciating pain which was followed by quite a profuse hemorrhage from the stomach, after which she fainted and remained in a semi-conscious condition for some hours.

After regaining consciousness again, she expressed herself as being entirely relieved—no more pain or soreness in the stomach, the lump seemed to have shifted its position, and in a day or two could not be located in the stomach at all. Some four or five days later there was passed from the bowel a tumorous mass that was about four inches in length and one and a half inches in diameter. Upon careful examination it was found to be composed of dark substances resembling clotted blood and upon a more careful examination it was found to consist of tissue formation and a microscopical examination proved it to be formed of Epithelioma Cancer cells. In ten days the patient had developed a ravenous appetite and was never troubled any more with vomiting or sickness of the stomach. From this on she was allowed more solid food which was retained and digested and she began to improve, increasing in strength and gaining in weight and by November 1st was able to leave her bed.

The writer saw and examined her within the past month and found her to be in perfect health. She weighs one hundred and ninety pounds and has not had a sick day since November, 1905.

Her general health is in excellent condition and she can do a great deal of work without fatigue or complaint and considers herself a well woman.

CANCER OF THE RECTUM.

This disease is equally as difficult to treat as cancer of the stomach as the location is as difficult to reach with remedies as that of the stomach and for the further reason that lesions of the rectum are kept irritated by the accumulation and passage of the

feces when the bowels move. However, by the internal and local use of the indicated remedies the majority of cases can be cured, if they are secured in time.

CASE 4—Mr. M—, a farmer, aged 45 years, a native of Nebraska. This gentleman came under my care March 17th, 1904, and gave a history of having suffered from piles for four years. Eighteen months prior to coming to me he had undergone an operation for what he termed an internal hemorrhoids. There was considerable trouble in getting one side to heal. He remained for treatment in the hospital where the operation had been performed, about four months and finally went away before it was entirely healed.

At the time I saw him there was a well-formed tumor located on the left side of the rectum, two and a half inches to three inches inside of the internal Sphincter that appeared to be larger than a quail's egg. Microscopical examination of a portion of this tumor revealed the fact that it was a cancer of the Epithelioma type. His general health was very much run-down and he was very weak and anemic. He was also suffering from intense pain in the back and hips with almost a constant desire to evacuate the bowels. He said he frequently went to stool as many as thirty and forty times in twenty-four hours, but was, usually, only able to pass a small amount of mucous mixed occasionally with blood and when a freer passage was needed he was compelled to use an enema, which always gave him great pain and could only get them thoroughly evacuated by lying flat on the back and kneading his abdomen with his hands.

Internal treatment was commenced by giving him the Comp. Syr. of Hypophosphites, three times a day to which his system responded nicely. The lower bowel was thoroughly cleansed every day, using an antiseptic solution of permanganate of potash, after which an injection of a preparation of Thuja was thrown into the bowel, through a long glass tube syringe and carried above the tumor mass and patient compelled to lie on his left side for two or three hours before getting on his feet again.

Other internal remedies were given as the conditions indicated. Aconite, Baptisia, Phytolacca, Nux Vom., Echinacea, Gelsomium, Iodide of Potash, Ergot and last, but not least in effectiveness, Collinsonia for its specific influence in the control of the blood circulation in the rectum.

He was under my personal care and attention for almost four months at which time the tumor had been reduced to about the size of a cherry.

His general health had improved, increased in weight, better control of bowels, could sleep fairly well. It being necessary for him to return home for a short time, I prepared treatment to take with him and gave him instructions as to its use and gave him a three weeks' vacation with instruction to return at the end of that time. In three weeks he wrote me that he was doing nicely and had continued to improve right along and had been able to use the medicines very satisfactorily, and he was advised to continue and send for more medicine. I did not see him for about four months and upon examination found the tumor had entirely disappeared. He stopped all treatment as his general health had entirely recovered, but he was instructed not to perform any hard manual labor, especially anything that would require him to be on his feet any length of time.

I had the opportunity of seeing him once a year since and upon examination, less than a month ago, I did not find any trace of the tumor whatever. He tells me that during the past year he has performed a man's work on a ranch and he has felt no inconvenience from doing so.

CANCER OF THE UTERUS.

CASE 5—Mrs. H—, aged 50 years, came under my observation in February, 1903. She was the mother of six children. At the birth of the last child, ten years previous to the above-named date, extensive laceration took place which had not been repaired and had given her more or less trouble ever since. An older sister had died from cancer of the Uterus.

Mrs. H., had been treated by several physicians for her affliction before she came under my care and each had diagnosed her trouble as cancer, and of course advised operative measures. She refused to submit to a surgical operation and said if she could not be cured by some other method, would have to die as her sister did.

When she first came under my treatment the womb was very much enlarged, especially the os and neck and about one-half of the fundus, or body. There was a large ulcer on the os and a portion of the tissue had been removed by sloughing.

She was suffering with extreme pain in the hips and back with a bearing-down sensation and occasional hemorrhages with a profuse discharge and disagreeable odor. She was very anemic from loss of so much blood and health very poor. The bowels were very irregular in action, alternating between constipation and diarrhoea. Her appetite was good, yet her food did not as-

simulate properly and seemingly did but little good, as she gradually lost in weight and only weighed 94 pounds when she began my treatment. Both local and internal treatment was used. For local applications I used wool tampons saturated with Thuja, a weak solution of Chloride of Zinc, alternated preparations of Bismuth Subnitrate, Hydrastis, both in powdered form, and other specifics as indicated. Antiseptic washes to keep the parts clean, were always used and the bowels kept regular and in a healthy condition by the use of the proper remedies. For a period of several weeks she was given iron, quinine and strychnia to tone up the general health and make better blood.

Calcarea Fluor. 3X, was also given for its beneficial influence, generally.

Arsenicum from the 3X to the 12X was given for its special tonic effect.

Phytolacca, Echinacea, Baptisia, Pulsatilla, Ergot, Gelsemium, Aconite, Viburnum and other remedies were used as conditions would indicate them. She continued under my care and treatment six months, at the end of which time I dismissed her as cured. I have examined her from time to time in the past few years and find the parts remain entirely healed and the womb remaining the normal size for a woman of her age.

Now in conclusion I would speak a word for the *specialist* in this line, and claim that he has a place among the *physicians* of the land, even though he *restricts* his practice to certain diseases, provided, of course, he prepares himself for the work he undertakes and does a legitimate, honest business.

Those afflicted with the disease he treats may be few in number in the vicinity where the specialist is located, therefore he must needs use some method of letting the afflicted know of his ability to treat them. This may be done in many ways—the most prevalent methods being by recommendation of his brother physicians after their due investigation, or the *proper* use of the Lay Press and Medical Journals.

I will admit that the Lay Press is sometimes used by Charlatans for *improper* purposes and not for the good of their fellow beings. This is not the kind of use the specialist, who wishes to do good in the treatment of disease should resort to. But the specialist that has spent his time in study, research and development of methods to cure certain classes of disease and has fully demonstrated by practical examples of *living patients* that he has cured those that had been classed by other physicians as *incurable*, should not be classed as being “*unethical*,” or snubbed, or

the cold shoulder turned toward him by his brother physicians, if he lets his "light shine," through the medium of the Lay Press, that the sufferer may know what can be done to ease their sufferings and prolong their lives. The physician that usually "howls" the most against the specialist is the one that has told his patient to "let it alone," "it will get well itself" and such foolishness.

Let the *specialist* have fair play at your hands. He is only treating those cases that you *don't* or *won't* treat and if he can do them good you should wish him "God speed."—*Transactions National Eclectic Medical Society*.

When paraffin is injected subcutaneously allowance should be made for increase in the size of the mass by the growth of connective tissue around it.—*American Journal of Surgery*.

Diverticulum of the bladder, associated with cystitis, may produce symptoms resembling those of prostatic hypertrophy.—*American Journal of Surgery*.

A mediastinal tumor may be present for some time without other symptoms than cough, expectoration, loss of flesh and slight fever—thus simulating pulmonary tuberculosis. A skiagraph will determine the condition; laryngoscopy is also helpful for adductor paralysis is frequently an early sign.—*American Journal of Surgery*.

Probably the most important step in radical inguinal hernioplasty is the *total* removal of the sac. It should be traced back to the loose peritoneum itself, exposing the deep epigastric vessels, the ligature or sutures to be applied at that level. To leave even a little projecting knuckle of peritoneum invites recurrence.—*American Journal of Surgery*.

Preauricular pain and tenderness points to an enlarged lymphatic gland, a decayed tooth, an affection of the parotid or a neuralgia of the fifth nerve; auricular tenderness itself indicates some affection of the auricle or the external canal; post-auricular tenderness may be hysterical or indicate mastoid disease.—*American Journal of Surgery*.

In many instances where a patient is supposed to have merely a sprain of the ankle, there is some fracture around or into the joint. Signs of fracture should be carefully sought for. Where nothing can be found around the ankle on examination and the patient still continues to complain of pain and weakness, a skiagraph may show a transverse fracture of the os calcis which is held in place by the flexor muscles.—*American Journal of Surgery*.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

S. F. MARCH, M. D., Kansas City, Mo.

J. B. MITCHELL, M. D., San Francisco

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

SCIENTIFIC WILL O' THE WISPS.

It would seem that some of our good friends have lost their appetite and are lying awake nights lamenting the fact that medicine is not one of the so called exact sciences. All of which is quite unnecessary, for a variety of reasons. We venture to suggest that there is no such thing as an exact science. Even mathematics is only approximately so, notwithstanding it rightly may be considered as the corner stone of scientific endeavor.

When attending literary college we were much interested in mathematics and at the conclusion of the usual course in Algebra the class was confronted with a problem which proved conclusively, by the most elementary rules, that two unlike quantities were equal to each other or to any other quantity. Stated in figures it meant that $2+3=4$ or 6 or 8 or any other number that may be selected. All of which is absurd because it is unbelievable. Again, in geometry it is alleged that parallel lines never meet however far they may be extended. This proposition is quite difficult to prove, in fact it is much easier to prove that parallel lines do meet. But it is also absurd because it is unbelievable. These are simple illustrations which show that mathematics is not an exact science, and they serve to introduce the following query:

If we cannot prove beyond peradventure that $2+2=4$ and no

other number, and that parallel lines never meet; what can we prove? Certainly nothing in medicine. But on the other hand every body knows that both propositions are true even though we cannot prove them. We cannot say that we know these things because they are reasonable for the lack of proof leaves reason stranded, and the logical process is never completed. Yet the fact remains that we do know these things are true of our own knowledge. And the further fact is likewise obvious that we know a great many things the reason for which is not quite clear, and sometimes not susceptible of indisputable proof. For instance a cat meows and a dog barks, an owl hoots and a nightingale sings. Will some one kindly tell us why a cat does not bark and an owl does not sing? Again why should not a horse have a cow's horns or a cow's tail? An overnight exchange certainly would look funny at first—but why not? To say that it is the nature of the beast gives no reason whatever; and yet there are thousands of similar examples in the animal kingdom equally unknown. But, let us consider the vegetable kingdom, particularly medicinal plants. Take such commonly used alkaloids as morphine, strychnine and quinine. Each has an action peculiar to itself and if given in large doses each one will result with such violence as to be observed by the dullest intellect. Very dimly we can see how each of these drugs act, but can anyone give a plausible theory as to why each one acts in its own peculiar manner? Why does not morphine have the action of strychnine and why does not strychnine have the action of morphine? Assuming that the action of either was absolutely unknown who could fortell what it would be? The facts are that every one of our important remedies was discovered and is now used empirically. Many new remedies are introduced each year which theoretically ought to do this or that, but how long do they last? The credulous doctor gives each a few trials and then reverts to his old remedy. After a while it may dawn upon him that a change is seldom an advancement. If he also learns that certain drugs act in a certain way, and then if he understands that way, he is on the high road to success, even though he has not the faintest inkling as to the how or why one of his drugs acts as it does act. The theory of its action may be interesting, but certainly it is not very essential. To state that it is necessary to know the scientific mode of action of a drug before it becomes useful is positively absurd. A child is killed just as quickly by helping itself to "rough on rats" as it would be if the doctor gave it a like amount. Furthermore the small dose of Specific

Aconite acts just as promptly when indicated no matter who gives it, and suggestion is neither necessary nor helpful.

The practice of medicine is pure empiricism—the knowledge gained by the observation of the means of mitigating the sufferings of millions of people, extending over a period of thousands of years. Is this knowledge valueless? Were all of these observers either fools or rascals? We regret the necessity of suggesting that some of our friends can see nothing in *materia medica* because they know nothing about it. Truly, the practice of medicine is not a science, but neither is the practice of agriculture for that matter. Rather is each one an art, and to our mind a very necessary art, if the life or health of the people is to be preserved.

THE ESKIMO—A DYING RACE.

By J. H. ROMIG, M.D., Nushagak, Alaska.

Since the early settlement of America the problem of the Indian or aboriginal race of this country, has cost the United States many dollars and not a little trouble. The Indian has been, and the Eskimo is now, like the patient of a certain doctor. Daily a friend would ask how the sick man was doing, and receive the reply: "He is improving." Finally the man died and some one asked the friend if he knew what the man died of. The friend replied that the man must have died of improvement as that is what the doctor daily reported as his condition.

The government and various churches have and are working hard for the improvement of the Eskimo and yet he is thoroughly diseased and ere long will be known but to history,, unless some new and decided course be taken for his relief. Congress passes laws to preserve the game and natural food supply of the Eskimo; money is appropriated for his education; churches point him to a celestial home where sickness and sorrow never come, and the missionary completes the doleful tale, "The Lord gave—the Lord hath taken away, etc., etc."

The facts remain that fully two-thirds of the race are infected with tuberculosis, syphilis, gonorrhoea and allied diseases not traceable to the Eskimo as a race, but diseases introduced from other races, settling the country. Congress, the churches and education play no part in this condition nor do the bulk of the settlers; yet why should more than half the infants die before they are three years old, and half of the remaining die before they arrive at maturity?

For first consideration we must look into the home of the Eskimo of the interior and western coast. The house is a dugout, partially or wholly below the ground; windows are few and in

many instances the only light comes through a central hole in the middle of the roof, not more than two feet square. An entry, with double doors with a long musty tunnel between the doors, prevents the admission of air in winter. There are no floors and many have but a mat of straw for a bed. Some houses have stoves and some have not. Smoky, seal-oil lamps render the air less agreeable as the night lengthens. The old and decrepit do not go out of the house except in fine weather. Consumption is the ailment of most of those confined to the house. With no knowledge of sanitary rules, these consumptives expectorate freely all over the floor and the occasional fire from the stove or from the center of the house on the floor dries the sputum and it is raised in dust to be received by those coming in with lungs congested from the cold air of the winter; or by those suffering with a bronchitis. Infection follows and the same story repeats itself. Those that are so far gone that they cannot get out of the house sit and chew dry fish for the children who cannot chew for themselves, mixing saliva and tubercular germs with the fish for the helpless infant. Shortly, the child's stomach distends, a fever supervenes and the little one passes away from acute tubercular peritonitis or meningitis, and some old medicine man gets the blame for killing the child.

The moral standard of the Eskimo is not above reproach in certain instances, and coming in contact with Chinese, Japanese and some white men they contract syphilis of the most virulent form, adding also chancreoid infection. Not a few literally rot to death, the lesions are so large and offensive. Others acquire gonorrhea and pass it on in a remarkably adept manner. I have treated a whole family for this. The father had gonorrheal conjunctivitis, the mother the real thing, and also the son and a little girl of 11 years had an acute infection. Now the girl was innocent as to the cause of infection, as examination showed, but in this and syphilitic infection and all other diseases with a discharge the hands and rags used for cleansing the same are not in turn rendered sterile and new infections arise from lack of cleanliness, all because ignorance of the cause of disease prevents ordinary precautions.

During the epidemic of measles and influenza in 1900, at the time when the fever was present and the rash was coming out, the Eskimo would go out in the wind and rain to cool off and go in again and die of pulmonary congestion and pneumonia. When mumps took him he remained quiet for a time, but as soon as possible took a hot bath and promptly had orchitis. When the Eskimo is sick he thinks the spirits are offended, but never attributes the disease to natural causes. His fathers have lived

before him like this, why not he. His father did not have these diseases to pass along as now, nor did he have the sugar and brown flour to make a deadly drink to cause him to expose himself still more to the diseases present.

The natural food of the Eskimo is meat, and mostly fat meats, and the climate is so stimulating that he naturally resists consumption; but he lives in such a manner that were not the climatic surroundings so favorable the race would perish still more rapidly. The clothing of the land is fur for the most part, but he trades that for cheap cotton goods and again lessens his chances by being improperly dressed. The food he buys from the whites he does not cook properly, often making cakes of flour and water with no salt or baking powder and other foods similarly poorly cooked, to the detriment of his digestion.

The Eskimo is not growing with the country; he is rapidly becoming extinct as a race.

If we are to keep the Eskimo with us he must be made to live in a healthy home, he must stop spreading disease and be taught to live off the resources of the land. He needs no government annuity, no encouragement to be lazy by unnecessary assistance of supplies, for the country will provide him all he needs if he is taught how to adapt himself to the new order of things and earn his bread by the sweat of his brow, and live in a decent home with pure air and a few cuspidors for the consumptives.

The Bureau of Education at Washington realizes much of this condition and is providing in certain parts physicians for the relief of the sick. The Bureau proposes the teaching of sanitary measures in the schools and villages, but without some semblance of authority, some backing of Congress in the judicial department, and without prompt and available funds, what will good intentions do?

It is not only the diseased generation that needs care; but it is the coming generation that should be protected from the ravages of the present ailments that the race may be preserved. The diseased will die and the healthy may live if not infected in early childhood. Book learning and church teaching should not be neglected but the health of the Eskimo and the development of his own resources take precedence over all else at this time.—*Medical Era*.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Seudder, M. D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President;

J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. E. R. Harvey, M. D., Long Beach, President; A. P. Baird, M. D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. M. Blanche Bolton, San Pedro, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

STATE SOCIETY.

A great deal of interest is at present centered on the attitude of the so-called "irregular" systems of medicine, and justly so, for did not one of the prominent Eastern "regulars" a short time ago echo the announcement previously made, that "the future of American Medicine lay in a revival of faith in therapeutics."

With the great wave of skepticism flooding the country and the determined effort to replace legitimate medicine by all kinds of fads and fancies, it behooves us as Eclectics to make a vigorous stand for the principles of American Medicine demanding for our *Materia Medica* the place it so capably fills. Adverse legislation must receive our united attention; and indeed all our efforts must be in unison, if we are to accomplish anything. The new National Eclectic Medical Association composed of the respective State Societies, in their entirety is well worthy the support of every Eclectic.

Show your personal interest by your attendance at the annual meeting of the Eclectic Medical Society of the State of California, in San Francisco, May 25-26-27, 1909.

DR. J. A. MUNK, President.

DR. J. PARK DOUGALL, Secretary.

NEWS ITEMS.

Dr. F. G. de Stone may be addressed at 12 Geary St., San Francisco.

Dr. J. G. Tomkins is located at 4025 24th St., between Noe and Castro, San Francisco.

Medical Notes and Queries, published in Philadelphia, has discontinued publication.

Dr. Frederick D. Webley has moved from Santa Cruz to Santa Rosa. Post office box No. 518.

Dr. G. W. Finch has been in the Westlake Hospital suffering from an attack of rheumatism.

The next meeting of the State Board of Medical Examiners will be held in Los Angeles on December 1, 2, and 3.

Dr. L. A. Perce, Long Beach, entertained with a large dinner party recently, in honor of his niece, Mrs. Shaw, from Manila, Philippine Islands.

The Committee on Medical Legislation, Dr. Perce Chairman, is busily engaged in perfecting their plans and will be able to give an excellent report of their work at the proper time.

Dr. O. S. Laws, who has been ill for a number of months, has regained his former health. Dr. Laws is probably the oldest practicing Eclectic in the State, having graduated from E. M. I. in 1854.

The next monthly meeting of the Los Angeles County Eclectic Medical Society will be held on December 1st at 818 Security Building. The election of officers for the ensuing year will be held at that time and a full attendance is desired.

Dr. G. A. Hinton is the only Eclectic in Hot Springs, Arkansas, and is located in the Kempner Building. He is a member of the National Eclectic Medical Association; president of the Arkansas State Eclectic Medical Association and a member of the Board of Medical Examiners of Arkansas.

From the daily newspapers we glean the fact that our friend, Dr. A. S. Tuchler, 703 Van Ness Ave., San Francisco, played an important role at the time of the attempted assassination of Prosecuting Attorney Heney of San Francisco. Dr. Tuchler was the only doctor present for some time after the shooting.

We have received some clippings from a Cincinnati paper which proves that as usual Dr. John Uri Lloyd's influence is being exercised in favor of everything being shown up in its true light. He has been greatly interested in the pure food law, which insists on all goods being labeled with the names of their constituents. The distillers of whiskies represented in Cincinnati, have filed an injunction which if sustained would permit them to label imitation whisky so that it cannot be distinguished from the true article. Prof. Lloyd's evidence in these cases before the courts has been decisive in favor of the distinction being plainly shown.—(*Ellingwood's Therapeutist*.)

Polypi in the ear (as in the nose) indicate diseased bone conditions. Removal of the polyp does not prevent recurrence; removal of the diseased bone does.—*American Journal of Surgery*.

A feeling of discomfort in the mouth while eating may be the first signs of a calculus in one of the salivary ducts.—*American Journal of Surgery*.

INDEX BY SUBJECT.

A Case in Practice	172
A Case of Intestinal Obstruction.....	163
A Case of Nature Faking.....	215
Advantage of the Small College.....	186
A Letter	86
American Medical Editors' Association.....	70
Anemopsis Californica	1
Annual Meetings	38
A Summer Outing	111
Boards of Health are Administrative and not Judicial Bodies....	64
Book Reviews	22, 74, 209, 232
Born in a Toilet	60
Burns	28
Cactus	188
Calomel	115
Cataract and Glaucoma	118
California State Society	20, 42, 184, 230
Cascara Sagrada	213
Cascara Sagrada	212
Cell Genesis	2
Cerebral Anemia	81
Chronic Posterior Urethritis—Its Electrical Treatment.....	190
Civil Service for Medical Examiners.....	14
College Announcement	62
Committee on Medical Legislation	183
Concerning the National	43
Dietetics	25
Differential Diagnosis of Appendicitis.....	164
Diphtheria	216
Dispensing of Poisons	182
Doctor Versus Quack	180
Duplex Uterus	117
Eclecticism; What will its future be?.....	77
Eclecticism with a Capital "E".....	9
Electro Diagnosis	107
Examination Questions	55, 147
Examine Your Patients	90
Foreword	12
How not to Recognize Disease.....	156
How to Comply with the Medical Law of California.....	53
How to Comply with the Medical Law of Texas.....	15
Hyoscyamus Nigra	52
Immediate Delivery for Threatened Puerperal Eclampsia.....	36
Indiana Eclectic Medical Association.....	69
Ipecacuanha in Dysentery	127
Kansas City	93
Letter from the President.....	18
Life and Longevity in California.....	33
Los Angeles County Eclectic Medical Society..18, 42, 97, 129, 184, 207	
Los Angeles Eclectic Polyclinic.....	63
Maine Eclectic Medical Society	131
Marasmus	143
Medical Resources of Southern California.....	133
Medical Treatment of Cancer.....	194, 219
Milk Diet	178
Missouri Eclectic Medical Society.....	70

National Association Bulletin	19, 71, 129
National Eclectic Medical Association.....	68, 206
Necrosis of the Vertebrae	82
New England Eclectic Medical Association.....	130
News Items	21, 45, 73, 101, 131, 160, 184, 207, 231
New Medical Law to be Sought for State.....	130
New Postal Law	63
Obituary	96
Officers of the National for 1908-1909.....	93
Ohio State Eclectic Medical Association	69
Physical Exercise	201
President's Address	49, 157
Progress	50
Railroad Rates to National.....	20, 71
Report of a Case of Acute Mania.....	139
Resolutions	98
Scientific Will O' the Wisps.....	226
Secretaries and Eclectics on State Boards.....	99
Section Officers of National	43
Should a Doctor Dispense his own Medicine?.....	172
Southern California Eclectic Medical Association.....	97
State Examination Grades	93
Stomach Lavage	122
Synergistic Drugs	5
Systematic Endeavor	13
The Antiseptic Babe	203
The Best People on Earth.....	134
The Breeding of Flies.....	126
The Eskimo—a Dying Race.....	223
The Promotion of Success in Practice.....	203
The Thirty-ninth Session of N. E. M. A.....	92
The Trained Nurse of Today.....	181
The Value of an Internship	152
The X-Ray Diagnosis and Treatment of Fractures.....	167
Thyroid Extract	7
Trace their Origin to Cliff Dwellers.....	154
Unfair Examinations	125
Watchman, What of the Night?.....	124
Watch the Schemers	39
Watch Yourself Go By.....	155
Water in Pediatrics	175
Who Uses the Eclectic Remedies?.....	94

INDEX BY AUTHORS.

Aisbitt, M. S.....	2, 81
Archer, J. A.....	88
Bangert, J. R.	90
Best, W. P.....	213
Bolton, M. B.....	163
Burnett, J. A.....	7, 52
Conrad, A. O.	107, 167
Crance, A. J.....	115
Daniel, M. E.....	15
Denkinger, J. A.....	143
de Stone, F. G.....	172
Dougall, J. P.	49, 53
Eastman, M. E.....	139

Fearn, J. M.	175
Felter, H. W.	188
Higgins, T. J.	50, 172
Holton, Q. A. R.	25
Hubbard, B. R.	82
Kerr, W. W.	118
Lawrence, W. J.	9
Laws, O. S.	1, 133
March, S. F.	194, 219
McCann, J. D.	122
Minney, J. E.	86
Munk, J. A.	5, 33, 111, 134, 186, 215
Petersen, F. J.	77
Tomkins, J. G.	216
Tuchler, A. S.	190
Turner, H. S.	28
Welbourn, O. C.	36, 60, 117
Young, A. B.	164

